PLACE UP BIRTH 9-556 Latah

## STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

nty	or
. 3	36
City of	Moscow

CERTIFICATE OF BIRTH

Registration District No...... Hospital Primary Registration District No. 611 Local Registrar's No.

FULL NAME OF CHILD Clarence Clines Carle (Certificate of no value without full name of child)

Twin

BIRTHDAY

Number Legiti-Sex of in order Triplet or other? of birth matel

Child . (To be answered only in event of plural births) Male

What bactericidal solution was used in eyes?.....Not. any kind..... Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4th

**FATHER** NAME

William Franklin Carle

RESIDENCE

Moscow AGE AT LAST COLOR

White

shows other evidence of life after birth.

Give names added from a supplemental report.

Farmer

State of Indiana

I hereby certify that I attended the birth of this child, who was { \*\*\* } at 10.0 'clock P. M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor

COLOR 34 (Years) White

RESIDENCE

Farm Ridge, State of Illinois OCCUPATION

Dining room Girl CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+

Born alive /

Mother perturate box concentration (e)

Address Perry Siding, B. C. Car Filed Nov 28 192...5

(Signature) / Mrs Dora A.

Registrar.

NAME

FULL MAIDEN

Moscow.

Date of

birth Mar

**MOTHER** 

Dora Alica Newell

(Month)

(Day)

AGE AT LAST

BIRTHDAY

(Year)

(Years)

PERMANENT E RETURN birth state

URN must be stated.

order

each,

7

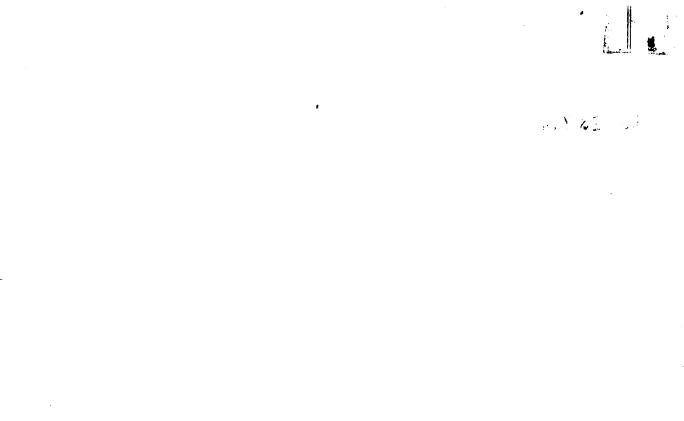
number

OCCUPATION

A SEPARATE

H UNFADING INK.

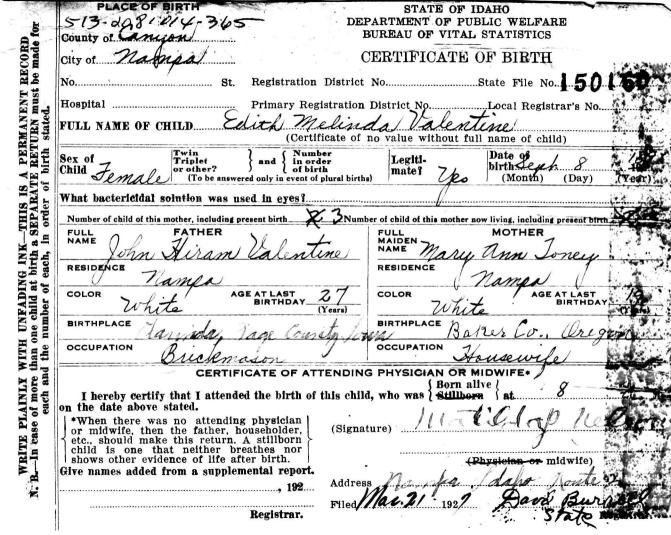
re than on and the n more WRITE PLAINLY



County of Star No. St.	(		STATISTICS OF BIRTH 139382 State File No.
Hospital	Primary Registration	District No	Local Registrar's No
FULL NAME OF CHILD	(Certificate of	no value without fu	ll name of child)
Sex of Twin Child Male or other?	and { Number Seco in order Seco of birth	nd Legiti- mate? Yes	Date of March 25 1891 (Month) (Day) (Year)
What bactericidal solution was us	ed in eyes?		
Number of child of this mother, including portion of the FATHER NAME  Frank R. Fouch		FULL Maiden	MOTHER Lizabeth Mitchell
RESIDENCE Star, Idaho,	•	RESIDENCE Star, Id	<b>lah</b> o
COLOR	BIRTHDAY (Years)	color White	AGE AT LAST BIRTHDAY (Years)
Star, Idaho.			le, Iowa.
occupation Farmer		occupation House-	wi fe
I hereby certify that I attended on the date above stated.    *When there was no attending or midwife then the father h	g physician   ouseholder   (Signa	( Born a)	live {
etc., should make this return. child is one that neither br shows other evidence of life af Give names added from a supplen	ter birth.   cental renort.	s Parma, Idah	

IN 1926 Batch why 1927?

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE be made for BUREAU OF VITAL STATISTICS County of 1 RECORD Registration District No .... State File No. RETURN must irth stated. Local Registrar's No..... Primary Registration District No. Hospital ..... (Certificate of no value without full name of child) Twin Number Date of Legiti- 71 ex Sex of in order hirth a Child of birth matel (Month) (To be answered only in event of plural births) (Dav) (Year) of What bactericidal solution was used in eves?..... order SEPA Number of child of this mother, including present birth\_ Number of child of this mother now living, including present birth FATHER FULL MOTHER FULL MAIDEN NAME NAME birth each, RESIDENCE RESIDENCE of COLOR COLOR number BIRTHPLACE BIRTHPLACE one and CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* case of more PLAINLY Born alive I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor WRITE shows other evidence of life after birth. Physician or midwife) Give names added from a supplemental report. Addres Registrar.



1AMMATA-1916

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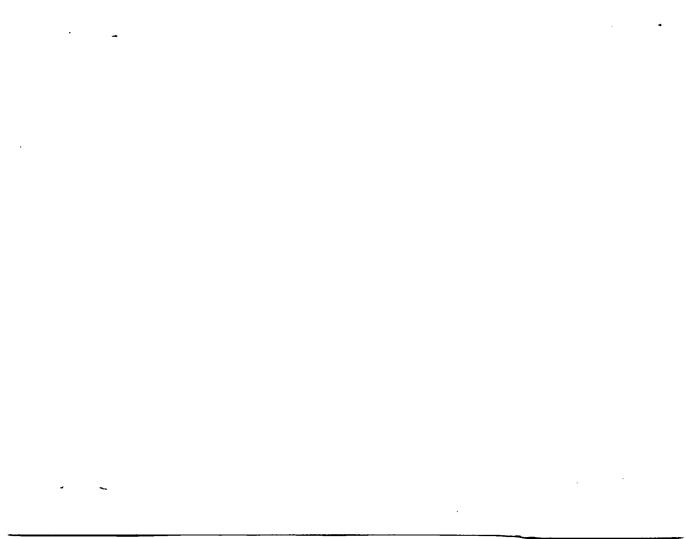
**S** 

543-203-028-299 PLACERE OF PUBLIC WELFARE Form V. S. No. 11---20m-7-26-19 BUREAU OF VITAL STATISTICS County of Kootenai CERTIFICATE OF BIRTH 166743 Rathdrum City of Registration District No. Primary Registration District No. Registered No. Hospital ..... idith Amelia Nicolai FULL NAME OF CHILD..... BINDING 1891 Number Twin Date of Dec. Sex of Triplet and in order Legitior other? of birth mate? Child Female Yes (To be answered only in event of plural births) (Month) (Day) (Year) FATHER MOTHER FULL FULL MAIDEN NAME Gustave William Nicolai Amelia Brinkman NAME RESIDENCE RESIDENCE RESERVED Rathdrum. Idaho Rathdrum, Idaho AGE AT LAST 36 AGE AT LAST COLOR COLOR BIRTHDAY. BIRTHDAY. white white (Years) (Years) BIRTHPLACE BIRTHPLACE Cincinnati. Ohio Germany MARGIN OCCUPATION OCCUPATION Brick mason Housewife Number of child of this mother, including present birth Y Number of children of this mother now living, including present birth Y CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was form office on the date above stated. \*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given names added from a supplemental report. Registrar

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STATE OF IDAHO 1930 DEPARTMENT OF PUBLIC WELFARE HIS IS A PERMANENT RECORD, SEPARATE RETURN must be ma BUREAU OF VITAL STATISTICS 183468 CERTIFICATE OF BIRTH Registration District No. State File No. 1834 (If born in hospital or institution Prim. Registration District No....Local Registrar's No.... give name.) FULL NAME OF CHILD..... (If stillborn, sobstitute the word "Stillbirth" for name of child) Number Sex of Legiti Date of Triplet in order Child birth or other? mate ? (To be answered only in event of plural births) (Month) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. (a) Born alive and now living. Born alive but now dead......Stillborn FULL FULL MAIDEN It non-resident, give place and State If non-resident, give place and State one Birthplace Of ore (City and State or County) Occupation to some CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFF Born alive I hereby certify that I attended the birth of this child, who was | Stillborn on the date above stated. \*Where there was no attending physician WRITE or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth.



Orofino, Idaho, August 13, 1930

To whom it may consern.

We the undersigned hereby declair and say that the following persons are our children and that they were born in Sho Shone-county which is now Clearwater county, on Canyon Creek near Orofino Idaho! as follows to wit:

Anna Christine Olson, Harless. born, March 19,1390

Emon Alfred Olson, - - " October 17,1891

Gust Freddie Olson, - - " August 20,1393

Sophie Lettie Olson, Dean, - - " April 12,1895

Willie Albert Olson, - - " January 13,1899

Daniel Julias Olson, - - " March 9,1901

Emily Bertha Olson. - " March 2,1904

Signed Ouck Olson

martha ( isan

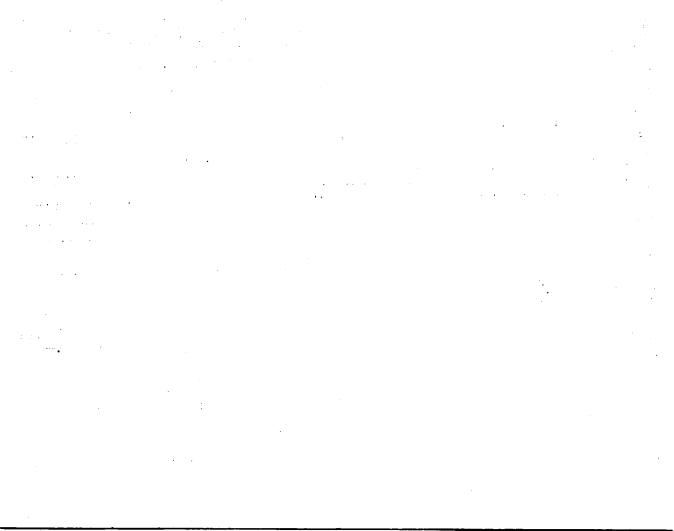
State of Idaho
County of Clearwater
On this 2/4 day of Sugard 1930 before me Short
a Notary Public in and for the state of Idaho personally
appeared Exick Olson and Matha Olson
known to me to be the persons who executed the foregoing instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

State of Lander, Is the state of the 193.

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PLACE OF BIRTH STATE OF IDAHO PERMANENT RECORD ERFFURN must be ma DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICA Registration District No......State File No..... (If born in hospital or institution Prim. Registration District No.....Local Registrar's No..... give name.) FULL NAME OF CHILD. order of birth (If stillborn, substitute the word "Stillbirth" for name of shild) Twin Number Sex of Triplet Date of Legiti-> and in order Child or other? of birth mate? 44 birth . (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth........... (a) Born alive and now living... Born alive but now dead......Stillborn FULL MAIDEN NAME .... Residence (Usual place of abode It non-resident, give place and State If non-resident, give place and State. Color or race. (Years) Birthplace .... Birthplace ...... and State or County) (City and State or County) Occupation Borne CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Born alive I hereby certify that I attended the birth of this child, who was | Stillborn case of on the date above stated. \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Filed ... Registrar.



de	PLACE OF BIRTH JUL 15	932 STATE OF IDAHO
RD mad	County of Band	ED DOSESSES OF THE PARTY OF THE
	(10 ) (10 )	BUREAU OF VITAL STATISTICS 202600
ర్లైడ్	Enty Cours, Van Mycn	
F RECORD must be ma	No. St.	CERTIFICATE OF BIRTH. 202600
	466125 008 28/ Registration Dis	trict NoState File No
ANEN FURN stated		on District NoLocal Registrar's No
	FULL NAME OF CHILD ROW Rex	Moore
	(If stillborn, st	abstitute the word "Stillbirth" for name of child)
	Twin Number	
	Child and in order or other? and in order (To be answered only in event of plural births	Legiti- Just of Oct 25- 189 (Month) (Day) (Year)
HIS IS SEEPAR in order	What prophylactic was used to prevent Ophthalmia	(Month) (Day) (Year)
35.5		
E 6 .	Number of child of this mother, including present birth.	Mederal (a) Born alive and now living
irth each	Born alive but now dead.	.Stillborn
at b	FULL Francis Hoore	MAIDEN Prizeilla Anna Char Hore
N P P	Residence (Usual place of abode)	Residence (Usual place of abode).
FADING e child number	Bon Aler 5- 1857	If non-resident, give place and State
ONE one	Color or race white Age at last Birthday	Color or race Orbital Age at last Birthday
the on	Pinthulana (Years)	(Yours)
H S P	(City and State or County)	(City and State or County)
WITTH e than	Occupation	Occupation
<b>≱</b> 2 €	CERTIFICATE OF ATTENDIN	
LY	on a second of a second	( Born alive )
II	I hereby certify that I attended the birth of this	shild sales { course
AIN	on the date above stated.	at
PLAI case (	· (Si	gnature) Princilla & Morre
- 11	(*Where there was no attending physician)	Mother
57	or midwife, then the father, householder,	(Physician or midwife)
WRITE B.—In	etc., should make this return. A stillborn child is one that neither breathes nor Add	was G77 de testel Board
<b>,</b>	shows other evidence of life after birth.	1 - fact John City (Make)
· 1	File	d. July 1932 Delinkan
 		Registrar.

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PRISCILLA ANNA SHAW MOORE, being first duly sworn. deposes and says that she is a resident of Salt Lake City. Utah and is a citizen of the State of Utah and of the United States of America: that ROY REX MOORE is her son: that he was born to her near Van Wick, Boise County, Idaho, October 25, 1891; that she and her husband, the father of ROY DEX MOORE, were both citizens of the United States of America at the time of said birth: that ROY REX MOORE is at the present time a citizen of the State of Utah and of the United States of America.

Further deponent sayeth not.

Priscella Arma & how Moor

Subscribed and sworn to before me this \_\_\_\_ day of July. 1932.

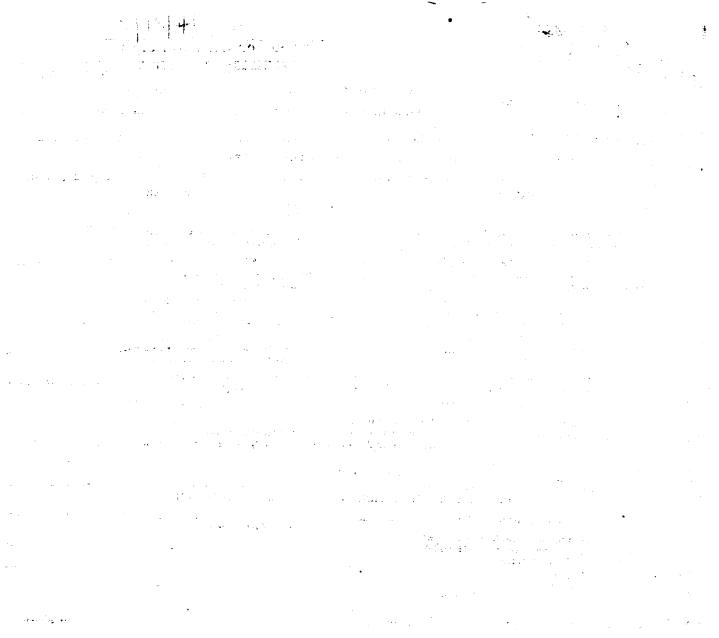
Motary Public

7-17-41

PLACE OF BIRT County of Canage City of Manage No.	SEPT 193	DEPARTMENT ( BUREAU OF CERTIFIC	OF IDAHO OF PUBLIC WELF. VITAL STATISTIC ATE OF BIRTH	<sup>s</sup> 205254
(If born in hospital or in give name.)  FULL NAME OF CHIL	stitution Prim. Regi DC/ifford (	n District Nostration District No Trete West orn, substitute the wo	Local Regis	strar's No
Sex of Tri		Legiti-	Date of Nov.	(Day) (Year)
Child boy or What prophylactic was	used to prevent Ophth	almia Neonatorum?		
Number of child of this	mother, including present	birth one (a)	Born alive and now	living 1/2
		Stillborn		/
NAME Dr John	Michalo Des Mampa Sa		MOTHER  e of abcde) Man	Grete ysa Idaho
It non-resident, give place and State				1
Birthplace Stanfo	State or County)	Birthplace	City and State or C	Ounty)
	CERTIFICATE OF ATT		torrewiff e	
I hereby certify the	at I attended the birth o		Born alive Stillborn at	a.m. M.
*Where there was no or midwife, then the etc., should make this child is one that no shows other evidence	father, householder, s return. A stillborn either breathes nor	Address 272	Mot (Physician or 1 ) or of lan 14 Ridge	nidwife)  A Anc  N.J.  Registrar.

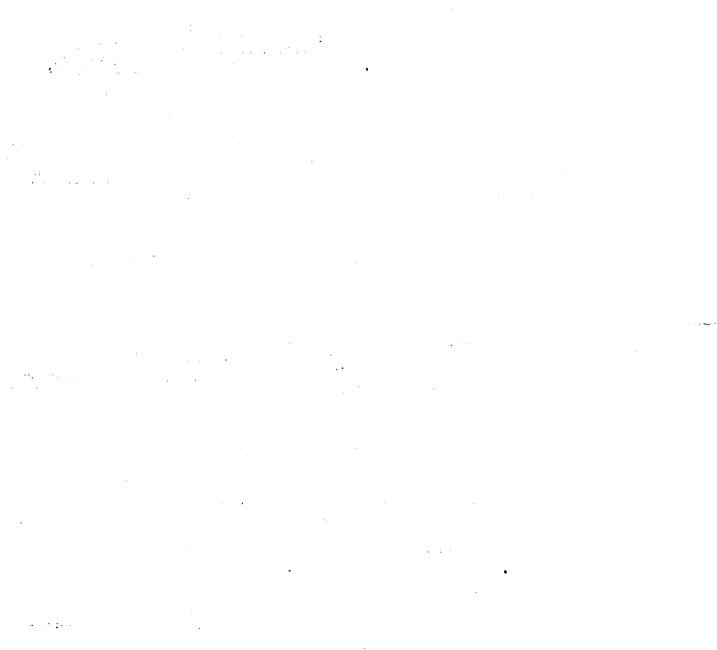
In a. D. Struter " E. E. Davidson Mrs James Beverland Cell of Muckay, Solaho. De Dodge in attendance.

469-117-045-619 County of Cly STATE OF IDAHO —In case of more than in order of birth stated. DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 217466 (If born in hospital or institu-tion give name.) 2. FULL NAME OF CHILD Robert Ingersoll Lorrell N. B.-1891 7. Legiti-8. Date of une 17 ff plural 3. Sex mete? yes COC birth.... births 5. Number, in order of birth..... Full term..... Male (Month. Day. RECORD. MOTHER 18. Full 9. Full FATHER number maiden name Fannie Cheney Waring name Sig Morrell airfield 19. Residence (usual place of abode) Fairfield 10. Residence (usual place of abode) (If non-resident, give place and State)..... PERMANENT (If non-resident, give place and State)..... 20. Color or race 21. Age at last birthday 22 (years) 22. Birthplace (city or place)......Qakland Calif. 13. Birthplace (city or place) Prescott (State or country) (State or country) Kansas each, 14. Trade, profession, or particular Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. Louis Monde OCCUPATION OCCUPATION sawver, bookkeeper, etc ...... 24. Industry or business in which 15. Industry or business in which made work was done, as own home. work was done, as silk mill, lawver's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent ě INK must in this work..... ...... 19...... ....., 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1....(b) Born alive but now dead....(c) Stillborn ... Before labor..... or weeks 30. Cause of stillbirth.... 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was born alive at ...... m. on the date above stated. INLY birth When there was no attending physician ! or midwife, then the father, householder, Mother , eic., should make this return. Give name added from 612 Franklin St. Boise, Idaho a supplemental report.....(Date of) Address ..... Registrar. Filed among state certificates December 1933



STATE OF IDAHO must be made DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 224101 -THIS IS A PERMANENT RECORD SEPARATE RETURN must be mad in order of birth stated. County CERTIFICATE OF BIRTH State File No. Registration District No..... (If born in hospital or institution give Prim. Registration District No Local Registrar's No..... name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Legiti-Sex of Triplet and in order birth of birth mate? or other? Child (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? E.S Stillborn. Born alive but now dead ... birth each, MOTHER FULL FULL NAME of at UNFADING Residence Residence (Usual place of abode than one child nd the number (Usual place of abode) If non-resident, If non-resident. give place and State give place and State Age at last birthday. Age at last birthday Color or race. Color or race..... (Years) (Years) Birthplace..... Birthplace. (City and State or County) (City and State or County) WITH and Occupation Occupation.... more feach ar CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* PLAINLY Born alive I hereby certify that I attended the birth of this child, who was \ Stillborn case of for on the date above stated. (Signature) WRITE \*Where there was no attending physician or mid-wife, then the father, householder, etc., should (Physician or midwife) make this return. A stillborn child is one that neither breathes nor shows other evidence of life Address after birth. Registrar.

case of more than der of birth stated.	City of Box St.  No. St.  (If born in hospital or institu-	STATE OF IDAHO  DEPARTMENT OF PUBLIC VELFARE  BUREAU OF VITAL STATISTICS  CERTIFICATE OF HIRTH 231036  ct No. State File No.  District No. Local Resistrar's No.
ENT RECORD. N. B.—In cities number of each, in or	2. FULL NAME OF CHILD Sulph Porter for the form of the	mature
INK—THIS IS A PERMANE must be made for each, and t	13. Birthplace (city or place) 22.  (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 20.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 22.	Color or received.   21. Age at last birthday 24 (years) Birthplace (city or place)   22. State or country)  23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc.   24. Industry or business in which work was done, as own home, lawyer's allege, wilk mill, êtc.   25. Date (month and year) last engaged in this work in this work   26. Total time (years) spending the last engaged in this work   26. Total time (years) spending the last engaged in this work   26. Total time (years) spending the last engaged in this work   26. Total time (years) spending the last engaged in this work   26. Total time (years) spending the last engaged in this work   26. Total time (years) spending the last engaged in this work   26. Total time (years) spending the last engaged in this work   27. Total time (years) spending the last engaged in this work   27. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged in this work   28. Total time (years) spending the last engaged the last engaged the las
I UNFADING arate Return	( manaba	tracing this shild)  ng A. (b) Born slive but now dead(c) Stillborn  Before labor  During labor
child at birth a Separ	Give name added from a supplemental report.  (Date of)  Address	t m on the date above stated (Bern Alive or Stillborn)  M. D. Midwift
WRI One	Registrar. Filed	Jan 1934 Registrar.



432-209 029-993 PLACE OF BIRTH PLATEDWAY 18/8 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of dal BUREAU OF VITAL STATISTICS 232557 City of..... CERTIFICATE OF BIRTH Registration District No. ......State File No. ..... (If born in hospital or institution give name.) Prim. Registration District No. .....Local Registrar's No. ..... helle Mc/Kee 2. FULL NAME OF CHILD..... 8. Date of If plural \( 4.\) Twin, triplet, or other...... 6. Premature\_\_\_\_\_\_7. Legitibirth Nov-9 hirths 5. Number, in order of birth/54 Full term LAS (Month. Day. Year) |18. Full 9. Full **FATHER** name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) 11. Color or race. White 12. Age at last birthday 27 years) 20. Color or race. 21. Age at last birthday 24. (years) 13. Birthplace (city or place) Cincinnatic Olio Birthplace (city or place) avoca - S (State or Country) (State or Country) 14. Trade, profession, or particular Trade, profession, or partial kind of work done, as spinner, Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. ..... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead.....(c) Stillborn.... Before labor...... 29. If stillborn. months 30. Cause of stillbirth....... period of gestation...... or weeks During labor...... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was \_\_\_\_\_\_at \_7...om\_ on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) Mrs. John al or midwife, then the father, hoseholder, etc., mother should make this return. Give name added from Julia Lulla Mc Kee Address ..... Registrar.

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RECORD

PERMANENT

INK

UNFADING

WITH UN Separate Mrs. Rod dlrury- Moscow ddoho Ascar O. Morey- Kendrick-Idoho Amos Moore - Kendrick-Idoho

Parameter (1997)

JUN 9 1944

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FOR

MARGIN

than	Comity of Comments of the party of PUBLIC WHEN ARE
f more	City of The Berry-Ideho.  No. 1977-22 26-65 - Registrate District OF BIRTH 239226 -
In order of	(If born in hospital or institution give name.)  Registration District No. State File No. Local Registrar's No. Local Registrary's No. Local Registrary No. Local Registrary No. Local Registrary No. L
	2. FULL NAME OF CHILD Odilh Orma igt for
D. N. B of each,	3. Sex If plural 4. Twin, triplet, or other
RECORD, number of	9. Full PATHER  pape  pape  18. Full MOTHER  maiden  maiden  10. Residence (usual place of abode) Frankfills  19. Residence (usual place of abode) Frankfills  19. Residence (usual place of abode)
ENT the	(If non-resident, give place and State) (If non-resident, give place and State)
RMANE h, and t	11. Color or race 2014 12. Age at last birthday 12 (years) 20. Color or race 2014 21. Age at last birthday 12 (years) 13. Birthplace (city or place) 12. Age at last birthday 12 (years) 22. Birthplace (city or place) 21. Age at last birthday 12 (years) (State or country)
A PER	14. Trade, profession, or particular kind of work done, as spinner, farmed bookkeeper, etc
HIS IS	15. Industry or business in which work was done as silk mill
INK—TE	16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work 26. Total time (years) spent
G II	, 19 in this work
UNFADING	28. Number of children of this mother (At time of this birth and including this child) five,  (a) Born alive and now living f(b) Born alive out now dead(c) Stillborn2(
TTH UNF	29. If stillborn, period of gestation. 2 months or weeks 30. Cause of stillbirth from fall on sidewalk Before labor. 10 During labor.
Sep.	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
Y W	I hereby certify that I attended the birth of this child, who wasat m. on the date above stated.  (Born Alive or Stillborn)
PLAINLY d at birth	When there was no attending physician or midwife, then the father, householder, etc., should make this return.
	Give name added from MAN with a supplemental report MAN (Date of) Mathely Address
WRITE One chi	Filed , 193 Registrar.

Mr J. P. Lightfook-Belgrade-Montacea-Inro Eva R. Ring-Chila Vista-Cal-Jo. Dr. a.a. Mrs Blanche Koonce-Fairfield-Idaho. JUL 28 1961 MAR 20 1963  $\sim p \, m$ 

PLACE OF BIRTH 2/2/15  County of //orienal 028 758  City of Mica	DI	STATE EPARTMENT ( BUREAU OF		WELF	
Au a Courd lane on		CERTIFIC	CATE OF B	IRTH	241897
· · · · · · · · · · · · · · · · · · ·	on Distr	ict No	Stat	e File l	Vo
	-		Loca	l Regis	trar's No
(If still	llborn, su	ostitute the word 'S	tillbirth" for ne	me of chi	ld)
Sex of Twin Triplet and in order? (To be answered only in event of y	r 1	Legiti- mate?	Date of the birth	(h)	/5 (Day) (Year)
What prophylactic was used to prevent Ophthal	lmia Ne	onatorum?	More.	<b>A</b>	
	1 1.	4 1	Born alive and		-/
Number of child of this mother, including present birth	me	Stillborn	sorn alive and	now livi	
FULL JASON GAGENE GOSTON Residency (Usual place of abode)	Ł	FULL MAIDEN NAME Residence (Usual place of a	MO Haff bode) Col	HER	Milio Greek
If non-resident,	28	If non-resident, give place and St	1	11. 19	1000 20
give place and State  Color or race  Age at last birthday		Color or race	h.F.	A	t last, birthda
41.	Years)	<b>A</b>		A Age s	(Years)
Birthplace (City and State or County)		Birthplace	(City a	nd. Sate	or County)
Occupation Supplies	*****	Occupation	a marketin	ye	
CERTIFICATE OF ATT	ENDIN	G PHYSICIAN	OR MIDW	FE*	
<b>VANIETO 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(	Born alive	ī —	
I hereby certify that I attended the birth o	of this c	o		} at	М.
	(Signa	ature) A	sem E	69 as	e-0,0K
(*Where there was no attending physician or mid- wife, then the father, householder, etc., should make this return. A stillborn child is one that		- Ha	then	ysician or	-midwife)
neither breathes nor shows other evidence of life after birth.	Addre	ss	(		
(area bittin,		Apr. 29. 1	0.36 J	earl	Lillingham
	Filed	SA. S. S. S. S. L.	9 <u></u>		Registrar.

9.217-035-435 744 NO n case of more than STATE OF IDAHO County of Mender DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of.... CERTIFICATE OF BIRTH Registration District No. ......State File No. (If born in hospital or institution give name.) Prim. Registration District No. .....Local Registrar's No...... 2. FULL NAME OF CHILD N. B.-[f plural 4. Twin, triplet, or other.......... 6. Premature. 7. Legiti-3. Sex 8. Date of births birth... 5. Number, in order of birth.... ö Full term. mete? RECORD 9. Full FATHER number 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State)..... (If non-resident, give place and State)..... 11. Color or race C. Atchi2. Age at last birthday 36 (years) 20. Color or race L. 21. Age at lest birthday ... 32 (years) 13. Birthplace (city or place) 22. Birthplace (city or place) Dus of (State or country) each, (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc ..... OCCUPATION typist, nurse, clerk, etc. Jeachey Š 15. industry or business in which 24. Industry or business in which raade work was done, as silk mill. work was done, as own home, sawmill, bank, etc.... lawyer's office, silk mill, etc. pe 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent must LINK 12 ay 1 , 1934 in this work 5. in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING a Separate Return 28. Number of children of this mother (At time of this birth and including this child) one (a) Born alive and now living.......(b) Born alive but now dead.......(c) Stillborn...... months 29. If stillborn, Before labor.... or weeks 30. Cause of stillbirth period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFFE ď PLAINLY Id at birth (Born Alive or Stillborn) When there was no attending physician / (Signed) or midwife, then the father, householder, Father Kolmuth Medrer Midwhe etc. should make this return. Give name added from WRITE One chil a supplemental report.... Address Filed Registrar. Registrar.

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-	1. Place o	nty Binch	<u>em</u>	State	Idaho	246598
	Tow	nship		or Wi	11000	
~						St
	3. Sex of child	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. Number in order of birth		mate?	8. Date of birth June 2 1891 (Month, day, year)
	9. Full		ATHER	18. Fall		MOTHER
	name John	Morrison	Herman	maiden name	Henrietts	a Augusta Way
	10. Residence (Usus If nonre	e al place of abode) sident, give place an	lacifoct, Idah	19. Regiden	ca	and the ckfoot Idaho
	11. Color or		Age at last birthday	20. Color or		21. Age at last birthday 37 (yes
	18. Birthpla	ce (city or place)	Trov	22. Birthpla	sce (city or place)	Navarino
		or country)		(Stat	e or country)	New York
ą.	kind	e, profession, or parti of work done, as spir or bookkeeper etc	uner Mining angine	of wo	e, profession, or pork done, as house, clerk, etc.	keeper, typist, Housekaaper
after bi	15. Indus	stry or business in w was done, as silk mi ill, bank, etc.	hich	24. Indu	stry or business in done, as own home e. silk mill, etc.	n which work e, lawyer's HOING
	o 16. Date	(month and year) las red in this work IIID EL, 19	17. Total time (years) spent in this work 3	2 years in the	(month and year) is work	last engaged 26. Total time (years) spent in this work work
ri M	(Take	of children of this m n as of time of birth	of child herein			mia neonatorum?
With	certiii	led and including thi	OERTIFICATE OF AT			t now dead2 (c) Stillborn  DWIFE *
registrar ADDRESS	T hereby		tended the birth of this			
regie	on the da	te above stated.		91	At an	gysta Herman J
• 73	or midwife	here was no attend then the father, make this return	. A stillborn	ignature # 2000	LNOL MANY	(math.)
the loss	II.	that neither breat the of life after birt me added from	nes nor shows h.	WT-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(Phy	sician or midwife)

#### UNITED STATES STANDARD CERTIFICATE OF BIRTH

Why births should be registered—There is hardly a relation of life, social, legal, or economic, in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual but also to the public at large. It is not only an act of civilization to register birth certificates but good business, for they are frequently used in many practical ways, some of which are listed below:

- (1) As evidence to prove the age and legitimacy of heirs;
- (2) As proof of age to determine the validity of a contract entered into by an alleged minor;
- (3) As evidence to establish age and proof of citizenship and descent in order to vote:
- (4) As evidence to establish the right of admission to the professions and to many public offices;
  - (5) As evidence of legal age to marry;
- (6) As evidence to prove the claims of widows and orphans under the widows' and orphans' pension law;
- (7) As evidence to determine the liability of parents for the debts of a minor;

- (8) As evidence in the administration of estates, the settlement of insurance and pensions:
- (9) As evidence to prove the irresponsibility of children under legal age for crime and misdemeanor, and various other matters in the criminal code;
- (10) As evidence in the enforcement of law relating to education and to child labor;
- (11) As evidence to determine the relations of guardians ); and wards;
  - (12) As proof of citizenship in order to obtain a passport;
  - (13) As evidence in the claim for exemption from or the right to jury and military service.

Statement of occupation—Make some entry in this section for each parent. For a woman whose only occupation is that of home housework, write "housework" in answer to question 23 and "own home" in answer to question 24. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as "housekeeper—private family," "cook—hotel," etc. For a person who has no occupation whatever write "none."

To be complete, an occupation return must state:

- (14) and (23) The trade, profession, or particular kind of work done.
- (15) and (24) The industry or business in which the work is done.
- (16) and (25) The month and year the person last worked at the occupation.
- (17) and (26) The number of years the person followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employe," "worker," "operative," etc. Find out the particular kind of work done and return that, as "spinner," "weaver," etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as "grocery store," "soap factory," "cotton mill," etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as "civil engineer," "mechanical engineer," "mining engineer," "stationary engineer," etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as "carpenter," "machinist," etc. Distinguish carefully between "retail merchants" and "wholesale merchants." A person who sells goods should be called a "salesman" and not a "clerk."

I Chester James Horman being first duly sworn on oath depose and say, that I am the of Jharles Henry Herman, that my brother, Charles Henry Herman was born in Blackfoot, County of Bingham, State of Idaho, at the hour of 12:30 and the 2nd day of June

That at the time of the birth of my brother, Therles Henry Herman provision was not made for filing with the County Clerk of said County, of said State, certificate of said birth, nor is there in existence at this time nor has there ever been a baptismal certificate noting the date of said birth.

To the personal knowledge of affiant, my brother, Jharles Henry Herman is a citizen of the United States of America and he has during the entire period of his life maintained said citizenship and has resided within the United States of America.

My brother , <u>Jharles Henry Herman</u> was born of the parentage of John Morrison Herman, Father, who was an American Citizen and Henrietts Augusta Herman Mother, who is an American Citizen.

Chuten Herm

Subscribed and sworn to me this 2nd any of September 1936.

My commission expires: April 30,1936 Notary Public for State of Montana Residing at Helena, Montana.

ran**č** , · ... · ) · 1. AF 1.76  $x_{i} \in \mathcal{X}_{i}$  . The second results of  $x_{i} \in \mathcal{X}_{i}$ 

That at the time of the birth of my brother Charles Henry Herman, provision was not made for filing with the County Clerk-of said County, of said State, certificate of said birth, nor is there in existence at this time nor has there ever been a baptismal certificate noting the date of said birth.

To the personal knowledge of affiant, my brother Charles Henry Herman is a citizen of the United States of America and he has during the entire period of his life maintained said citizenship and has resided within the United States of America.

My brother Charles Henry Herman was born of the parentage of John Morrison Herman, Father, who was an American Citizen and Henrietta Augusta Herman, Mother, who is an American Citizen.

Lela H. Mays

Subscribed and sworn to me this 9th day of September 936

y commission expires:

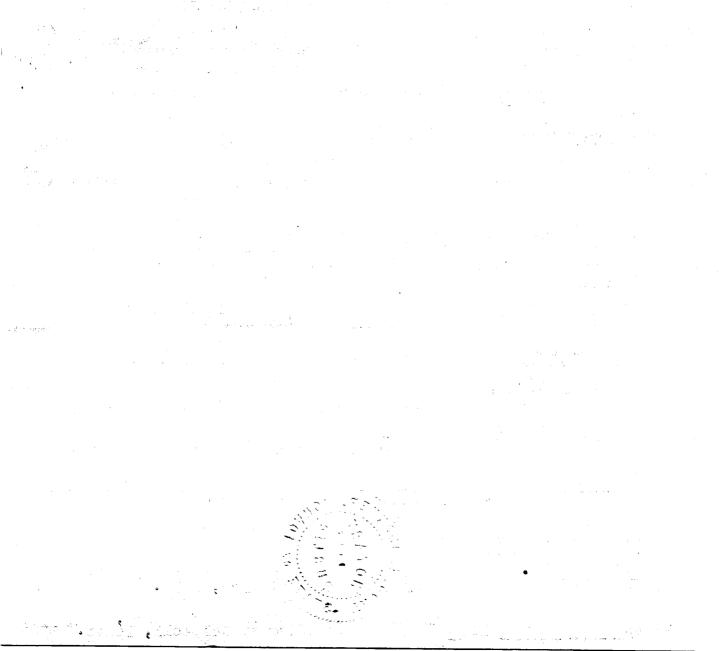
Charles Ray Notary Public for Orago

<u> </u>		
	V	

A STATE OF THE PARTY OF THE PAR 296-231-029-867 PLACE OF BIRTH N. B.—In case of more than each, in order of birth stated. STATE OF IDAHO (If born in hospital or instance)

2. FULL St.

Registration DEPARTMENT OF PUBLIC WALFARE BUREAU OF VITAL STATISTICS 247321 CERTIFICATE OF BIRTH Registration District No. State File No. Prim. Registration District No. Local Registrar's No. 2. FULL NAME OF CHILD ... YOU If plural 7. Legiti-8. Date of 3. Sex births 5. Number, in order of birth..... Full term. mate? Yes RECORD. (Month, Day, Year 09. Full MOTHER FATHER 18. Full name maiden aleatt Merrill name 10. Residence (usual place of abode) a 19. Residence (usual place of abode)
(If non-resident, give place and State) PERMANENT (If non-resident, give place and State)..... 20. Color or race unit [ 21. Age at last birthday 12. (years) 22. Birthplace (city or place). Masketon (State or country) (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, / kind of work done, as spinner, typist, nurse, clerk, etc. Housewe OCCUPATION sawyer, bookkeeper, etc ..... 15. Industry or business in which 24. Industry or business in which made work was done, as own home. work was done, as silk mill. sawmill, bank, etc.... lawyer's office, silk mill, etc. must be 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING a Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn..... months Before labor 29. If stillborn, or weeks 30. Cause of stillbirth.... period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE -I hereby certify that I attended the birth of this child who was ....... m. on the date above stated. LAINLY at birth (Born Alive or Stillborn) When there was no attending physician / (Signed) ... or midwife, then the father, householder, etc. should make this return. sworn to before me this 30th dwn Subscribe\_ Give name added from One child Ad less September, 1936. Registrar. Filed Residing at Caldwell, Idaho.



	133-126 001-133	249724
an ed.	1. PLACE OF BIRTH	STATE OF IDAHO
re than stated.	County of Ode	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
200 g	City of Buse	CERTIFICATE OF BIRTH 249724
of more birth st	No	
case er of		District No. State File No. state File No. Local Registrar's No.
	· ·	
.—In 1 ord	2. FULL NAME OF CHILD Sandin Co	C allows
N. B ch, in	3. Sex If plural \( \) 4. Twin, triplet, or other 6. P	
	births 5. Number, in order of birth F	ull term mate? YEO. (Month, Day, Year)
OR.	9. Full FATHER	18. Full MOTHER
EC	name marin Franklin allows.	name Cora Rotella Willia allowh
PERMANENT RECORD. ch, and the number of ea	10. Residence (usual place of abode) (If non-resident, give place and State) 17081/2 M8	19. Residence (usual place of abode) (If non-resident, give place and State) 1708/2 W8
NEN the 1	11. Color or race Whit   12. Age at last birthday 41. (years)	20. Color or race white   21. Age at last birthday 35 (years)
MA nd t	13. Birthplace (city or place)	22. Birthplace (city or place) East Comitte Ulliment
ERM 1, an	(State or Country)  14. Trade, profession, or particular	(State or Country)   23. Trade, profession, or particular kind
A PF each,	kind of work done, as spinner, sawyer, bookkeeper, etc.	of work done as housekeener .
IS	E 15. Industry or business in which	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year)  10. Lost engaged in this work.  10. 26. Total time (years) spent.
20 G	work was done, as silk mill, sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc.
-THI made	[2] 16. Date (month and year)	25. Date (month and year)
INK- ist be	O last engaged in this work	last engaged in this work 26. Total time (years) spent in this work 10 4 cars.
	26, in this work 15 Years.  27. What prophylactic was used to prevent Ophthalmia Neonat	<u> </u>
NI u		and including this child)
UNFADING te Return m		v living 2 (b) Born alive but now dead (c) Stillborn I
UNI te R	29. If stillborn, from months	30. Cause of stillbirth
H (	period of gestation or weeks	During labor
WITH Separa	PHYSICIAN OR MIDWIFE	
الع احد	I hereby certify that I attended the birth of this child, who was	(Born Alive or Stillborn)
LINI	When there was no attending physician or midwife, then the father, hoseholder, etc., (S	Signed)M. D.
at T	should make this return.	X anne J. Houre Midwife
; H <sub>1</sub> -	Give name added from a supplemental report	ddress O O O
WRITE one chil	[	iled 12-3/1936 K. Sharp
WIO	Registrar,	Registrar,



RECEIVED 364-216.002. PLACE OF BIRTA In case of more than in order of birth stated. STATE OF IDAHO JAN 85 1937 DEPARTMENT OF PUBLIC WELFARE County of..... BURDAU OF VITAL STATISTICS City of /YETCHUM CERTIFICATE OF BIRTH 250717 (If born in hospital or institution give name.) AF HOME Prim. Registration District No. .....Local Registrar's No..... MILDRED COM FULL NAME OF CHILD GPASE N. B.-7. Legiti-If plural 4. Twin, triplet, or other........... 6. Premature... 8. Date of 3. Sex births birth.... mate? I.E.S. 5. Number, in order of birth..... Full term... (Month, Day, RECORD. MOTHER 9. Full FATHER 18. Full maiden name DORIS JAQUES ICHARD LOURTNEY name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) IETSHUM PERMANENT (If non-resident, give place and State) 11. Color or race. W., | 12. Age at last birthday (Cars) 13. Birthplace (city or place) TombSTONE.
(State or country) ARIZONA 22. Birthplace (city or place) SACRAM ENTO (State or country) CALIF each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner EAMSTER OCCUPATION 24. Industry or business in which 15. Industry or business in which made work was done, as own home, lawyer's office, silk mill, etc. OWN HOME work was done, as silk\_mill, sawmill, bank, etc. STOAD MINE. 25. Date (month and year) 26. Total time (years) spent <u>ş</u> 16. Date (month and year) last engaged in this work 17. Total time (years) spent must DES 1899 NOV., 1999 in this work / OYRS in this work. A. 4.65 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING Return 28. Number of children of this mother (At time of this birth and including this child) THREE months Before labor..... 29. If stillborn. or weeks 30. Cause of stillbirth.... During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was DORN Attended the date above stated. PLAINLY d at birth When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from Address 4506 - Sh. CLINTON, PORTSAND a supplemental report..... Registrar. Registrar.

THREE PEOPLE WHO KNEW
OF THIS BIRTH

CYRUS COURTNAY - GRANTS PASS.

CYRUS COURTNAY - GRANTS PASS, OREGON LINCON COURTNAY - TWIN FALLS, IDAHO,

MADINE COURTNAY - TWIN FALLS, LDAHO

Arden John St

or di	ounty of Jingham  outy of Ammon [B2]	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 251750
7 E		ation District NoState File No.
u pro	f born in hospital or institution give name.) Prim. F	Registration District No. Local Registrar's No
. ~ o !!	Sec.   If plural 4. Twin, triplet, or other	
RECO mber of	Full name Sand Warren Owen  Residence (usual place of abode) (If non-resident, give place and State Lagle Cock	18. Full MOTHER maiden name Clementine Cowder  19. Residence (usual place of abode)  (If non-resident give place and State)
A pue 13.	Color or race while   12. Age at last birthday 30( Birthplace (city or place) Square (State or Country)	years) 20. Color or race whali   21. Age at last birthday 23 (years) 22. Birthplace (city or place). Birthly (State or Country) Janual (2. Virginia)
A a N	15. Industry or husiness in which	23. Trade, profession, or particular kind
made COUPA	work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work 17. Total time (years) s	work was done, as own home, lawyer's office, silk mill, etc.
951	in this work.	. 10 last engaged in this work 20. Total time (years) spent
U 8 27.		Neonatorum?
Seturn 28.	. Number of children of this mother (At time of this	birth and including this child) ad now living. 3 (b) Born alive but now dead (c) Stillborn
Separate Return mu 25.   28.   29.   29.   29.	If stillborn, $\left\{ \begin{array}{ll} \text{months} \\ \text{or weeks} \end{array} \right.$	30. Cause of Stillbirth Efore labor
أادست	I hereby certify that I attended the birth of this child, wh	DING PHYSICIAN OR MIDWIFE  oo was Brin Alive or Stillborn)  at 5 P, m. on the date above stated.
PLAIL sho	When there was no attending physician midwife, then the father, hoseholder, etc., buld make this return.	(Signed) Chementine Owen (Mother), M. D.
WRITE one child	supplemental report(Date of)	
WR	Rogistrar.	Filed MAR 2 1937, 193 Registrar.

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Mrs. C. R. Landon, Cliff St. Idaho Falls Alla.
Mrs. Liggie Lawson, Eastern ave, Idaho Traille,
Mrs. Rose Curen Idaho Isallo R #3.

OCT 28 1957

1029-194 オンリフ STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Latah BUREAU OF VITAL STATISTICS City of General Idalio CERTIFICATE OF BIRTH No. \_\_\_\_\_ st. APR 252476 Registration District No. ...... State File No. ...... Prim. Registration-District No. .....Local Registrar's No. ..... (If born in hospital or institution give name.) 8. Date of birth December 8 198 births Full term mate? 5. Number, in order of birth..... (Month, Day, Year) MOTHER 9. Full 18. Full FATHER maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State). Severe Adaho 11. Color or race White 12. Age at last birthday 22. (years) 20. Color or race White | 21. Age at last birthday..... (years) 22. Birthplace (city or place) alpine County 13. Birthplace (city or place) Constilla Buom (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, House Or typist, nurse, clerk, etc. kind of work done, as spinner, sawyer, bookkeeper, etc. Jarmer 24. Industry or business in which 15. Industry or business in which work was done, as own lawyer's office, silk mill 25. Date (month and year) work was done, as own home, made work was done, as silk mill, lawver's office, silk mill, etc. sawmill, bank, etc. 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work..... 19..... ..... 19...... in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living love (b) Born alive but now dead some (c) Stillborn ONL Before labor..... WITH UN Separate 29. If stillborn, months 30. Cause of Stillbirth ..... period of gestation..... or weeks During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \_\_\_\_at\_\_\_\_ m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Registrar. Mary Louise Lile soon blecased acted as Midwife

st Gro Ca

1. PLACE OF BIRTH Sannock	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
County of	BUREAU OF VITAL STATISTICS
County of Focatello No.  Registration I	CERTIFICATE OF BIRTH 258568
Registration I	District NoState File No
Registration I  (If born in hospital or institution give name)  Prim. Registration I  Prim. Registration I  Prim. Registration I	ation District NoLocal Registrar's No
3. Sex births {4. Twin, triplet, or other	
9. Full / FATMER	18. Full MOTHER maiden name Cushing
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence Yusua place of abode) (If non-resident, give place and State)
	20. Color or race 21. Age at last birthday(years)
13. Birthplace (city or place). O one Source (State or Country)	22. Birthplace (city or place). (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, R. Boste.  15. Industry or business in which	23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc.
Sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) spent
last engaged in this work 17. Total time (years) spent	
	1
	orum?
	and including this child) vilving (b) Born alive but now dead (c) Stillborn
(a) Born alive and now	Before labor
29. If stillborn, months or weeks  CERTIFICATE OF ATTENDING	30. Cause of Stillbirth
I hereby certify that I attended the birth of this child, who was	PHYSICIAN OR MIDWIFE (OVER)  m. on the date above stated.  (Born Alive or Stillborn)
should make this return.	igned), M. D, Midwife
g    Give name added from	Idress
	1eOCT 7 - 1937 193
Registrar.	Registrar.

Phoneas P. Lowder is . the burn chied of my Youngest sister was born in Poratello, Idaha on april 12,1891, no physician attending my sexter: A midwife, amie Conton, officiated. 'She hus them dend all of 20 years. I was not presenh at the berth bick ar. several at my sexter's home State of arxious Coling Roing County of Rulescii Mus Delin Cushii Buy may years angular of the town to me friend of above & tacement of ather than to the They com Exto 5-1-38

### STATE OF IDAHO BARZILLA W. CLARK, GOVERNOR

# DEPAREMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS

<u> </u>
State of AFFIDAVIT  (To accompany a certificate of an unreported birth
County of when such certificate is not attested by signature of attending physician or midwife.)
Mrs Delea Creeking Deing first duly sworn says that
the is the Curch of Phone of Lowder (Relationship of child)*
born (Date of birth) at locatello, Idaho,
whose certificate of birth is hereto attached, and that
cate of birth of the said. Thrue as A well
as stated therein, and that this birth has not been previously recorded.
Affiant further states that ho playere and have a Med. was the
medical attendant at the birth of said Phones and that
the said medical attendant is (Now deceased (or) cannot be located)
Name of Affiant hrs Letia Gushing ling
P. O. Address Powers to before me this 90 hay of Deller 1937
Substitute day 5 will to 52000 inte tills
My Con Exp. Of attended Notary Public.
Residing at Author and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of

the affiant, as brother, sister, cousin, etc.

of more than birth stated.	1.4845 PLACE OF BIRTH County of Catalla Jacks No. St. NOV 8 - 193	
of n	No. St. Registration Dis	strict NoState File No
-THIS IS A PERMANENT RECORD. N. B.—In case anade for each, and the number of each, in order of	(If born in hospital or institution give name.) Prim. Registrat	ign District NoLocal Registrar's No
	2. FULL NAME OF CHILD & alney Lincol	w Humble
	3. Sex hale lif plural 4. Twin, triplet, or other	term mate? Yes (Month, Day, Year)
	name Linealis Humbles	8. Full MOTHER maiden name Julia Walker
	10. Residence (usual place of abode) (If non-resident, give place and State)	9. Residence Jusual place of abode) (If non-resident, give place and State)
		0. Color or race white   21. Age at last birthday (years)
	13. Birthplace (city or place) 3 room field 2 (State or Country) Mustoure	2. Birthplace (city or place) General (State or Country)
		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work 26. Total time (years) spent
	15. Industry or business in which work was done, as silk mill, tock Rauch sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
VK—T	0 16. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work    10
G II	27. What prophylactic was used to prevent Ophthalmia Neonaton	
WITH UNFADING INK-Separate Return must be	20 Number of children of this mather 1/2 (At time of this hirth a	nd including this child) 4 iving 4 (b) Born alive but now dead 0 (c) Stillborn 0
H UNI	period of gestation or weeks	0. Cause of Stillbirth
	CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was	PHYSICIAN OR MIDWIFE At 7.C. m. on the date above stated.  Born Alive or Stillborn)
rfe Plainly child at birth a	or midwife, then the lattier, householder, etc., >	ned), M. D.
PL d at	Give name added from	ress, Midwife
	(Data of)	1
WR.	Rogistrar.	i has 3 1937 Registrar.

# ·-

4

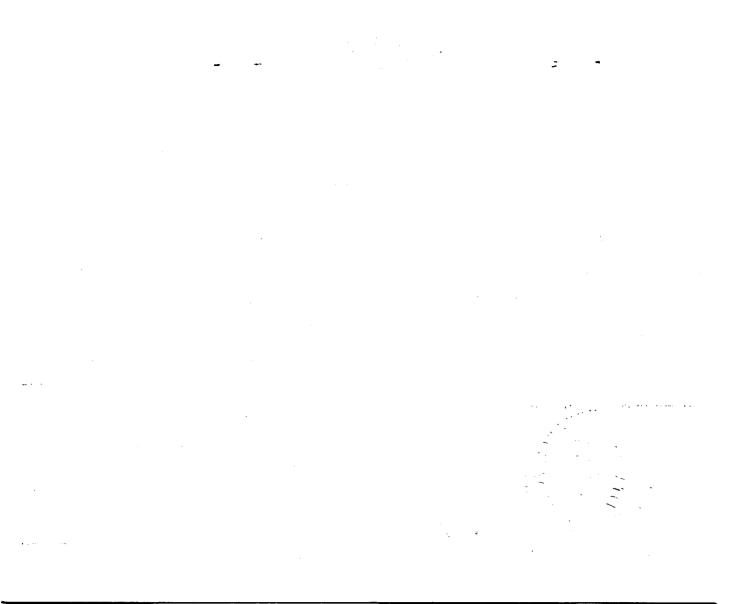
### STATE OF IDAHO BARZILLA W. CLARK, GOVERNOR

## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Montana County of Teton	AFFIDAVIT  (To accompany a certificate of an unreported birth
	according physician of infavire.)
Julia Humble	being first duly sworn says that
she is the mother (Relationship of child)*	of Dabney Lincoln Humble
born May 28, 1891 (Date of birth)	at Pocatello , Idaho,
	she desires to have the said birth ho; and affiant further states that the facts contained in the certifi
cate of birth of the said Dabney Lincol	Humble
as stated therein, and that this birth has not been prev	hereto attached are true and correct pusly recorded.
Affiant further states thatnodoc.t	r
medical attendant at the birth of said	Midwife Lincoln Humble and that
the-said-medical attendant-is-	
Name of A	(Now deceased (or) cannot be located)
P. O. Add	Bynum, Montana
	day of November , 1937.
Commission expires Feb. 2,1938	Notary Public.  Residing at Choteau, Montana Hahor

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of

the affiant, as brother, sister, cousin, etc.



County of	Hailey	•**	BURE	MENT OF PUBLICAU OF VITAL STATEMENT OF THE OF	ATISTICS	836
No. 465 71	7.045 -493 st.	Registration	District No	St	ate File No	***************************************
(If born in hosp	oital or institution give name.)	Prim. Regist	ration District I	NoLo	ocal Registrar's No	
2. FULL NAM	E OF CHILD Otoe Fi	ancis Fonta	ndon	***************************************		
	if plural \( \) 4. Twin, triplet, or other births \( \) 5. Number, in order o	ner6. I		I YAR	8. Date of birth Nov. 17 (Month, Day	
9. Full	FATHER		18. Full	<u> </u>	THER	,, <u>rour</u> ,
name	met Francis Montandon	· · · · · · · · · · · · · · · · · · ·	maiden name	Cynthia Augus	ta Millsaps	
10. Residence (t	isual place of abode) dent, give place and State)	ailey, Idaho	19. Residence (If non-re	(usual place of abo esident, give place a	ode) Hailey,	Idaho
11. Color or rac	e white   12. Age at last bir	thday 43 (years	20. Color or ra	ce White   21.	Age at last birthday.	21 (years)
13. Birthplace ( (State or	city or place) suburb of Pr Country)	ris, France	22. Birthplace (State o	(city or place)R r Country) Missou	ockport. Atchi ri. on farm	son Count
kind of v	ofession, or particular work done, as spinner ookkeeper, etc. attorney or business in which	-at-law	of work typist, 1	y or business in	per, housewife which	
work wa	s done, as silk mill, bank, etc. <u>his</u>	own office	Work w	vas done, as own l	home, tc. <u>home</u>	
5 16. Date (mo	nth and waar)	ne (years) spent	25. Date (n last eng	nonth and year) gaged in this work		
present t	ime, 19 in this v	work 15	pres	ent time 19	in this work. 1	year
27. What proph	ylactic was used to prevent C	)phthalmia Neon	atorum? don!	t know	,	
28. Number of	children of this mother (At	time of this birtl Born alive and no	w livingl (	b) Born alive but n	ow deadnnne(c) St	
29. If stillborn, period of ge	estation	months or weeks	30. Cause of S	stillbirth =	During laborBefore labor	
	CERTIFICATE	OF ATTENDIN	G PHYSICIAN	OR MIDWIFE	bout 12:00 noor	n
	tify that I attended the birth of		(Born Anve of	r přimporu)		bove stated. mother
or midwife, the should make th	was no attending physician on the father, hoseholder, etc., is return.		_		Pontandon	,XMX EX
Cive name add	ed from	o A	Address C. T.	मार्डेर्स अध्य रूटी	Oź ldaho St. 1	Room 200
	(Date of)	B	riled this 12	Iday of The	1937	Registrar.
i		Registrar.	et 7	State Registrar	inchan	wogastrar.

855-208 601 331	en e
1. PLACE OF BIRTH  County of Act City of Bosse  No. 10 7 Man St Registration I	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 260649  District No
(If born in hospital or institution give name.)  Prim. Registry  2. FULL NAME OF CHILD Play 112 Cinglett 177	ation District NoLocal Registrar's No
9. Full FATHER name audiew Morrison Herry	18. Full   MOTHER   maden   Manual Clary   Month, Day, Year)
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race that   12. Age at last birthday to (years)  13. Birthplace (city or place) (State or Country)  14. Trade, profession, or particular	20. Color or race. Harder   21. Age at last birthday (years)  22. Birthplace (city or place) Alaska glasse (State or Country) Confirm    23. Trade, profession, or particular kind
kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent	of work done, as housekeeper, house keeper typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year)  Last engaged in this work  26. Total time (years) spent
27. What prophylactic was used to prevent Ophthalmia Neonat	orum? in this work 47 48.
28. Number of children of this mother end (At time of this birth	
29. If stillborn, period of gestation	30. Cause of stillbirth
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.	FPHYSICIAN OR MIDWIFE  Som alar at a.m. on the date above stated.  (Born Alive or Stillborn)  Signed / (and ) Emy (molter)  D/9-10 a. Do Midwife
Give name added from	ddress Narufa Ida , stawie
(= <b>-</b>	iled Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

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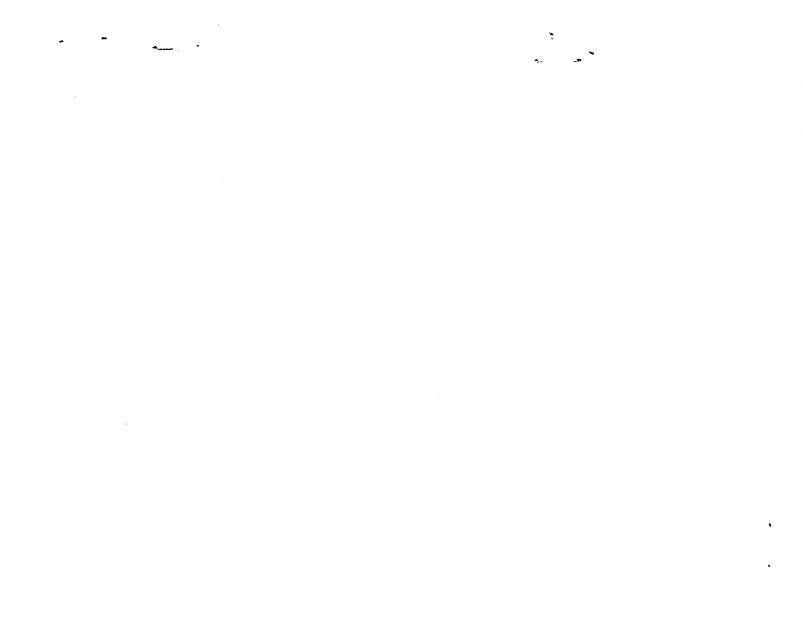
# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Jaho County of Carry an ss.	AFFIDAVIT (To accompany a certificate of an unreported birth when such certificate is not attested by signature of
Many Henry	attending physician or midwife.)  being first duly sworn says that  Mand Himy Mand Himy
(Relationship of child)* born (Date of birth)  at	Borse , Idaho,
whose certificate of birth is hereto attached, and that Manager recorded under Chapter 139—1937 Session Laws of Idaho; and affian cate of birth of the said Hay the Light Himry	desires to have the said birth nt further states that the facts contained in the certification.
as stated therein, and that this birth has not been previously recorded  Affiant further states that	hereto attached are true and correct d
medical attendant at the birth of said Hazelle Phiakth	Hirry Midwife and that
Name of Affiant M. P. O. Address 2/9-/	(Now deceased (or) cannot be located)
Subscribed and sworn to before me this day of	mange 1. Diven
Residir  *If the father and mother are dead, and the next nearest kin signs the affide the affiant, as brother, sister, cousin, etc.	Notary Public.  ng at ,, Idaho.  avit, state that fact in the affidavit, indicating the relationship of

799-211-00-653 PLACE OF BIRTH of more than birth stated. STATE OF IDAHO County of Ada June 8, 1954 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of Middleton -CERTIFICATE OF BIRTH No. \_\_\_\_\_\_St\_ Registration District No. \_\_\_\_State File No. \_\_\_261517\_\_ Prim. Registration District No. \_\_\_\_\_Local Registrar's No. \_\_\_\_ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD Bertha Eva Griggs ÄH 8. Date of 1891 'nф 3. Sex birth Sept. 11. 193 female 5. Number, in order of birth..... Full term..... mate? PERMANENT RECORD. (Month, Day, Year) ğ FATHER 9. Full ||18. Full MOTHER name maiden Elliott Griggs name Lou Anna Welch 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Middleton (If non-resident, give place and State) Middleton and (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work | 17. 7 of work done, as housekeeper, sawyer, bookkeeper, etc. Farmer typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, made sawmill, bank, etc. lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work | 17. Total time (years) spent þe 26. Total time (years) spent last engaged in this work IG INK-must be 19..... in this work..... in this work..... WITH UNFADING Separate Return mu 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living............ (b) Born alive but now dead............ (c) Stillborn............... (During labor..... 29. If stillborn. months 30. Cause of Stillbirth ...... period of gestation..... or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE ಹ TE PLAINLY child at birth a (Born Alive or Stillborn) When there was no attending physician (Signed) Lou Ann Griggs McClaran mother , McD or midwife, then the father, householder, etc., should make this return. or \_\_\_\_\_, Midwife Give name added from Address Boise, Idaho Rt. 2 a supplemental report (Date of) Subscribed and sworn to before me this oth day of Jan. 1938. Pearl Dillingham one Registrar. Notary



PLACE OF BIRTH STATE OF SPAHO DEPARTMENT OF PUBLIC WELFARE County of,... BUREAU OF VITAL STATISTICS. City of Mesaddletows. CERTIFICATE OF BIRTH Registration District No. ..... State File No. ... (If born in hospital or institution give name.) Prim. Registration District No. .....Local Registrar's No. ..... Omma Griggs Bom Sep 2. FULL NAME OF CHILD ISLAM 8. Date of 3. Sex birth 🗸 5. Number, in order of birth..... (Month, Day, Year) Full term mate? PERMANENT RECORD. 9. Full MOTHER FATHER 18. Full name maiden Unna name 10. Residence (usual place of abode) (If non-resident, give place and State) Wild deton 19. Residence (usual place of abode) Middleton (If non-resident, give place and State)..... 11. Color or race White 12. Age at last birthday 19 (years) 20. Color or race White | 21. Age at last birthday (years) 13. Birthplace (city or place)..... 22. Birthplace (city or place)..... Illinois (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. Farmer Houseville typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. made sawmill, bank, etc. lawyer's office, silk mill, etc. 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work þe last engaged in this work in this work..... 19..... in this work..... ...... 19...... UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living....... (b) Born alive but now dead...... (c) Stillborn...... 29. If stillborn. WITH UN Separate months Before labor 30. Cause of stillbirth..... period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was \_\_\_\_\_\_at \_\_\_\_\_ m, on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) Lou ann Grags Molasary D. or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from WRITE one child a supplemental report..... Subscribed and sworn to before m (Date of) one Filed ..... this 6 day of Registrar.

JUN 6 '954

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### STATE OF IDAHO DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS~

Affidavit to Correct or Amend An Original Certificate of Birth or Death

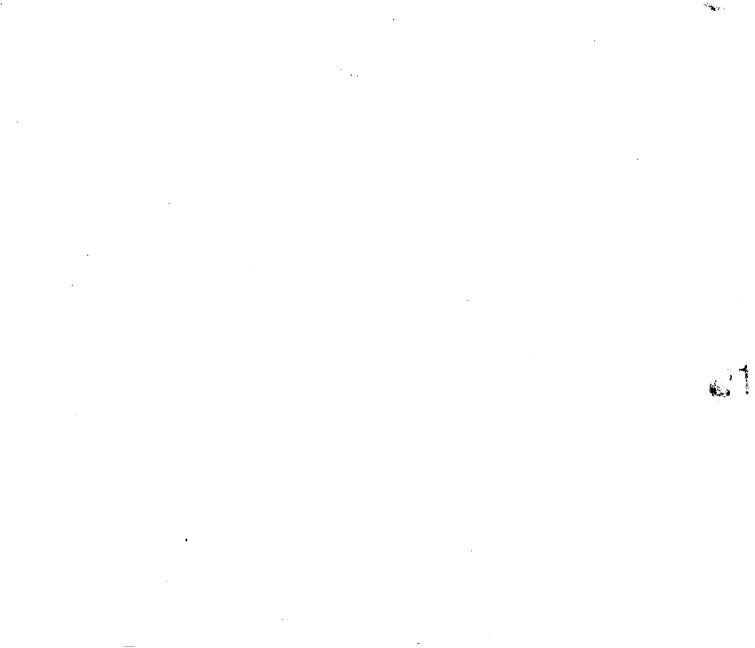
State of Akha	)		Certificate No. 2.6./	547
County of Aa	ss.			-1938
The undersigned does solemnly swear	that certain facts on	the certificate of	Girch	
for Lestha Omma (Name on Original Certificate)	ugga who		(Birth or Death) On (Date of E	891
in middleton la	are erroneous or	were omitted; and the	it, to the best of his k	nowledge, the
true facts are shown by Cut # Lau & (Bible Record, Insure	nce Policy, Etc.)	pared on July	2 # 1918 (Give Date)	, are:
FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Origina	al)	<b>TO</b> (The Correct Fa	cts)
Dame Su	the Emme	Drigge (	Dertha Ev	a Grig
Subscribed and sworn to before me this, 1954.	7th day of	ord: of attendant	ent or attendant if correct, funeral director, information	ing a birth recant if correcting
Notary Public, residing at			r other credible person.)	
My-commission expires(Seal)			h, Boise, Idaho et Address, City, State)	••••••
•	NG AFFIDAVIT OF	A SECOND PERSO	, ,,	
State of Idaho	ss.		rit MUST Also be Executed 9, 1937 Idaho Session Law	
The undersigned does solemnly swear t are true to the best of his knowledge.	hat he has knowledg	ge of the corrected fac	cts as set forth above	and that they
Subscribed and sworn to before me this		Signed	e of Any Credible Person	<u></u>
Notary Public, residing at Boise 1 My commission expires 1-29-56 (Seal)	daho	5310 Plymout	th Ave., Boise, ot Address, City, State)	Idaho

		-

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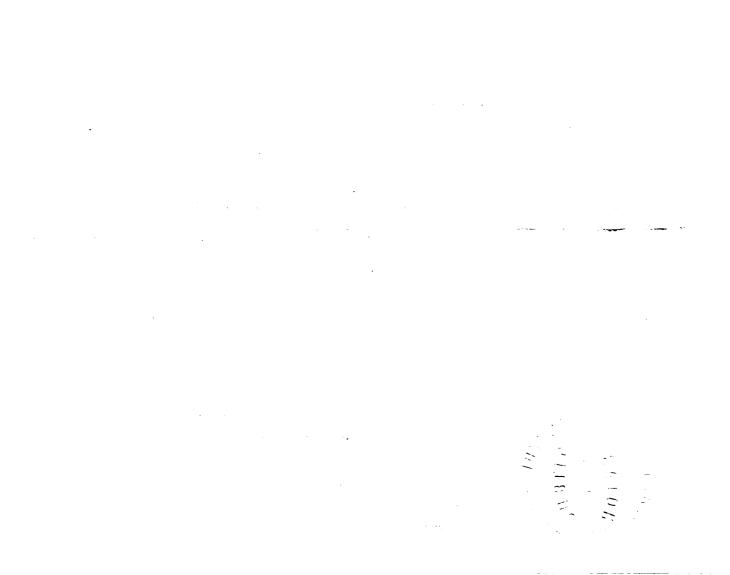
,

	OING PHYSICIAN OR MIDWIFE  o was
29. If stillborn, months or weeks	30. Cause of Stillbirth Elefore labor
28. Number of children of this mother (At time of this	birth and including this child) d now living. (b) Born alive but now dead (c) Stillborn
16. Date (month and year) last engaged in this work in this work in this work.  27. What prophylactic was used to prevent Ophthalmia N	in this work
kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
13. Birthplace (city or place) (State or Country) Tora Section (14. Trade, profession, or particular	22. Birthplace (city or place)
11. Color or race. 12. Age at last birthday. 33. (y	years) 20. Color or race 12 hit 21. Age at last birthday (years)
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
9. Full FATHER name &	18. Full MOTHER maiden
3. Sex ferrice If plural 4. Twin, triplet, or other	birth a faul 28
If born in hospital or institution give name.) Prim. R. 2. FULL NAME OF CHILD.	egistration District No. Local Registrar's No. Local Registrar's No.
	tion District NoState File No
City of Brise Helchim	BUREAU OF VITAL STATISTICS  AY 5 - 1938CERTIFICATE OF BIRTH 965551
County of	DEPARTMENT OF PUBLIC WELFARE



#### DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH RUREAU OF VITAL STATISTICS

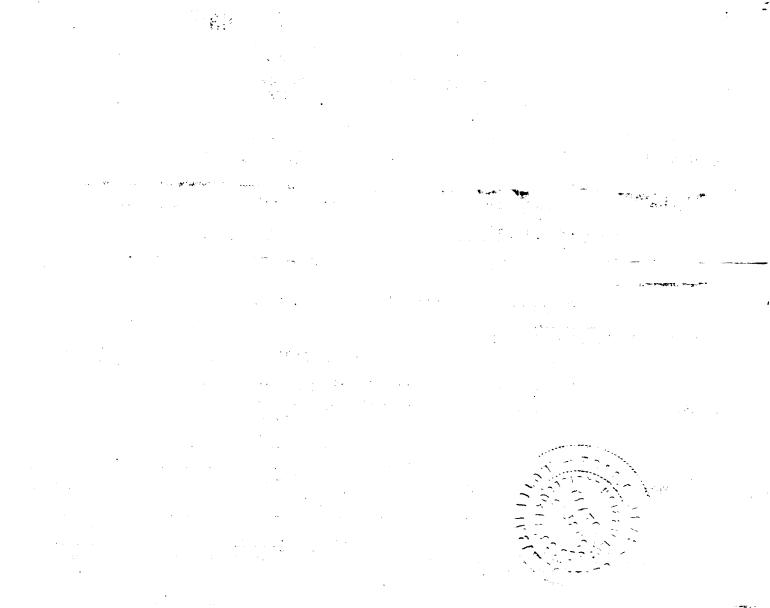
BUREAU OF VITAI	LSIATISTICS
	<del></del>
	AFFIDAVIT
State of	(To accompany a certificate of an unreported hirth
	when such certificate is not attested by signature of
County of	A Attending physician or midwife.)
(1) 94/04 1/2 8/ 1/2 8	1 247
I we make	being first duly sworn says that
1 and 1 and 1	A Marie Marcon
is the mamu of you	wigness stear 1 3 graves
(Relationship of child)*	A ALL DIE
0121028 = 1881	De de dina Rollando
born a	t Cook , Idaho,
(Date of birth)	,
whose certificate of birth is hereto attached, and that	desires to have the said birth
recorded under Chapter 139-1937 Session Laws of Idaho; and	affiant further states that the facts contained in the certifi
cate of birth of the said Marquel, Se	sic Manuell
cate of birth of the said.	
	hereto attached are true and correct
as stated therein, and that this birth has not been previously rec	
as stated therein, and that this pirth has not been previously rec	order of 1-DIAD
Affiant further states that Hay Maue	Holfield M.D. was the
Amant further states that	- N Midwife
many min	- Mary Mary
medical attendant at the birth of said	and that
the said medical attendant is Mery West 7	a medical allentia
the said medical attendant is 4.7	(Now description) compatibility
·	(Now deceased (or) cannot be located)
	les monde M25 mara
Name of Affiant	lea Mande M2Donald
7. O. 1.11.	1 C R 14-W 11-
P. O. Address	
Curburanibad and announce to before more thing	1028 1028
Subscribed and sworn to before me thisda	y of
	All Show
***************************************	
	Notar Public.
D	esiding at Module Adelle, Idaho.
	,
*If the father and mother are dead, and the next nearest kin signs the the affiant, as brother, sister, cousin, etc.	affidavit, state that fact in the affidavit indicating the relationship of
que arrant, as product, sister, cousin, ex.	my compres years,
ı°	Mary 12/2/2/20
	Marien / 2 / 1



715 1	02029-3/4		e graphy		•	266567
1.	PLACE OF BIRTH	TRECE		STATE OF IDAH ENT OF PUBLIC	0	- /
County ofL	tah	MAV 93	1938 BUREA	U OF VITAL ST	ATISTICS	
City of			CERI	CIFICATE OF	BIRTH 9	266567
H.	St.		District No	st		
	spital or institution give name.)			o,Lo		
H	ME OF CHILD Percy	_			_	
z. FULL NA	<u> </u>		<u> </u>		8. Date of	
3. Sex	If plural \( 4.\) Twin, triplet, or		Premature	7. Legiti-	1	2 1 <b>9</b> 91
	births \ \ 5. Number, in order	of birth F	full term yes	mate? <u>yes</u>		ı, Day, Year)
9. Full name	FATHER		18. Full	MO	THER	
Ma	ax Judson Pangborn		maiden name Frai	ncis Ola La	mb	
10. Residence (If non-re	(usual place of abode) sident, give place and State)I		19. Residence	usual place of abouted	ode)	ah County
9. Full name  10. Residence (If non-re 11. Color or re 13. Birthplace (State or 14. Trade, parts of sawyer,	aceWhite   12. Age at last b	irthday 20 (veers)	(II non-res	white   or	Age of lost high	dan 19 Idak
13. Birthplace	(city or place)	, in distant	22 Birthplace	(city or place)	Circlevil	A
(State or	(city or place) Shellbur	g,Iowa	(State or	Country)	Kansas	
14. Trade, 1	profession, or particular			rofession, or partic	cular kind	
	work done, as spinner, bookkeeper, etc. F.	rmer	O typist, n	done, as housekee urse, clerk, etc	Housekee	o <b>er</b>
	or business in which as done, as silk mill,		of work typist, n 24. Industry work we lawyer's	or business in v	vhich	-
	bank, etc		lawyer's	s done, as own l office, silk mill, et	iome, ic	
	onth and year) aged in this work	ime (years) spent	25. Date (m last enga	onth and year) aged in this work	26. Total time	(years) spent
	, 19 in this	work	<u> </u>	19	in this wo	rk
27. What prop	hylactic was used to prevent	Ophthalmia Neona	torum?			
28. Number of		t time of this birth				
	<del>'''                                  </del>	Born alive and now	livingL. (b	<del></del>		
29. If stillborn, period of g	estation	months or weeks	30. Cause of s	tillbirth $\langle$	Before labor	
<del></del>					During labor	
T homober oo	CERTIFICAT: rtify that I attended the birth of	E OF ATTENDING			A., the de	to observe state of
_	·	ŕ	(Born Alive or	Stillborn)		
	e was no attending physician en the father, hoseholder, etc.,	) (s	igned) Fra	uces Ola	Jangbon	$M$ , $\mathbf{M}$ D
should make t	his return.	or			mother	Midwife
Give name ado a supplementa	led from l report	Ad	idress We	nate he	Nach	
When there or midwife, the should make to Give name add a supplementa	(Date ef)	•	led MAY Z	1938	Farli OVU	Lugham
	······································	Registrar.	IVU	180.AK	tit	Rogistrar.
-		_				***************************************

# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of	} ss.	AFFIDAVIT  (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)	ı <b>f</b>
Mrs F.O. Pangborn		being first duly sworn says that	t
she is the Mother of of	Perc	cy Corrington Pangborn	-
born. January 2, 1891 (Date of birth)	at	Latah County , Idaho	١,
whose certificate of birth is hereto attached, and that recorded under Chapter 139—1937 Session Laws of Idaho;	ınd affian	she desires to have the said birth ant further states that the facts contained in the certification.	h fi
cate of birth of the said Percy Cor	ringt	ton Pangborn	
		hereto attached are true and correc	t
as stated therein, and that this birth has not been previously	r ecorded	ded.	
		h Wolheter /M/D/was th	
medical attendant at the birth of said	orrin	ington Pangborn and tha	.t
the said medical attendant iscanno		(Now deceased (or) cannot be located)	
Name of Affiant	Mr	entelee wash	
Subscribed and sworn to before me this	day of.	of my , 1936 alscare	
***************************************		Notary Public.	
	Residir	ding at Wenatela Motary Public.	0.
*If the father and mother are dead, and the next nearest kin sign the affiant, as brother, sister, cousin, etc.		fidavit, state that fact in the affidavit, indicating the relationship of	



of more than birth stated.

D. N. B.— each, in

PERMANENT RECORD. ch, and the number of ea

and

for

WRITE PLAINLY WITH UNFADING INK—THIS one child at birth a Separate Return must be made



RECORD.

PERMANENT

LK-

number

River of the

### DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

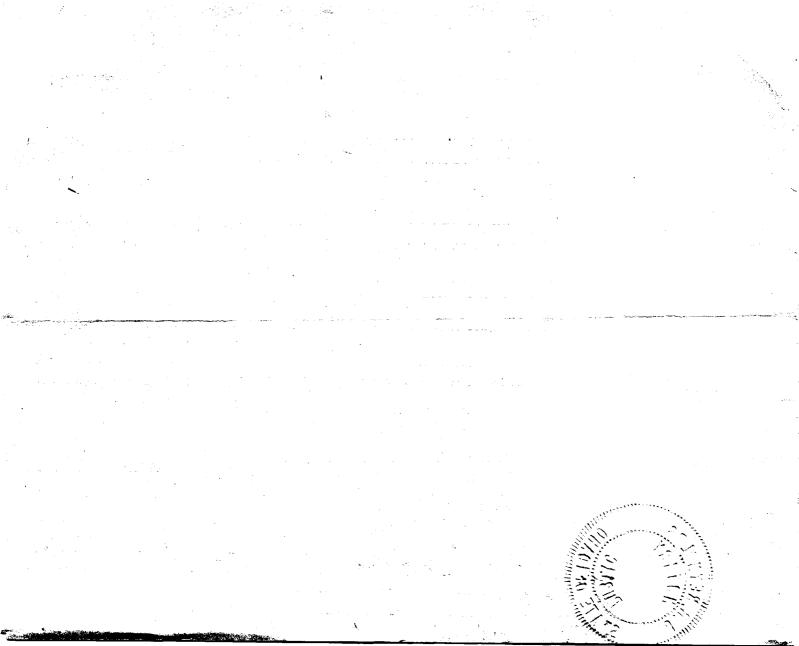
State of California.  County of Los angeles.	ss. (10 acc	AFFIDAVIT company a certificate of an unreported birth ch certificate is not attested by signature of g physician or midwife.)
Mrs. Alice Feel		being first duly sworn says that
she is the mother	er of Austin L	yle Feely.
(Relations	ship of child)* Hood oo	Valley near
hom February 18, 18	891. at Rethdrm	m. Kootenai Co. , Idaho,
(Date of birth)	T. A. W.	daho,
` ,		
whose certificate of birth is hereto a recorded under Chapter 139—1937	attached, and that Sh.9. Session Laws of Idaho; and affiant further	desires to have the said birth states that the facts contained in the certifi
cate of hirth of the said	Austin Lyle Feely	
out of the baranning		
2 2 3 2 7 7 3 2 4 3 7 7 7 2 4		hereto attached are true and correct
as stated therein, and that this birtl	h has not been previously recorded.	
Affiant further states that	Mrs. Stanton Ross.	The was the
		Midwife
medical attendant at the birth of sa	aid Child.	Midwife
		Midwife and that
	not located	Midwife and that
	not located (Now	Midwife and that deceased (or) cannot be located)
	not located (Now	Midwife and that deceased (or) cannot be located)
	not located (Now Name of Affiant Mrs al	Midwife and that deceased (or) cannot be located)
	not located (Now	Midwife and that deceased (or) cannot be located)
the said medical attendant is	not located (Now  Name of Affiant Mrs al  P. O. Address 219 New	Midwife and that deceased (or) cannot be located)
the said medical attendant is	not located (Now Name of Affiant Mrs al	Midwife and that deceased (or) cannot be located)
the said medical attendant is	not located (Now  Name of Affiant Mrs al  P. O. Address 219 New	Midwife and that deceased (or) cannot be located)
the said medical attendant is	not located (Now  Name of Affiant Mrs al  P. O. Address 219 New	Midwife and that  deceased (or) cannot be located)  Let Treely  And Sh  1938
the said medical attendant is	not located (Now  Name of Affiant Mrs al  P. O. Address 219 New	Midwife and that  deceased (or) cannot be located)  And Midwife and that  deceased (or) cannot be located)  Notary Public.

As Company Expires Feb. 8, 18h.

For angeles

FEB (13 gar

791-206:003-845 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 26 7763 Bannock County of .... BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. \_\_\_\_\_State File No. \_\_ Prim. Registration District No. ....Local Registrar's No. ..... (If born in hospital or institution give name.) Ealon Pratt 2. FULL NAME OF CHILD IF Dhas a 8. Date of 6. Premature... 7. Legiti-If plural (4, Twin, triblet, or other..... birth. births 5. Number, in order of birth... Full term mate? (Month, Day, Year) 18. Full MOTHER 9. Full FATHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State LY AAY) (If non-resident, give place and State) X 40 rd PERMANENT 11. Color or race White 12. Age at last birthday 12 (years) 20. Color or race White 21. Age at last birthday 3.7 (years) 13. Birthplace (city or place). Roundou 22. Birthplace (city or place) 5 am Bernadino (State or Country) (State or Country) New Yor 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as own home!! su Se will lawyer's office, silk mill, etc. House with work was done, as silk mill, eman sawmill, bank, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work..... in this work.... WITH UNFADING Separate Return m 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead...... (c) Stillborn..... 29. If stillborn. Before labor..... months 30. Cause of stillbirth... period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at......n. on the date above stated. I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., (Signed) vubed. should make this return. Give name added from the felice me the Address a supplemental report 5th day al Filed Registrar.



17. Total time (years) in this work	O last engaged in this work
E 15. Industry or business in which	of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  spent  25. Date (month and year) lost engaged in this work   26. Total time (years) spent
11. Color or race. White   12. Age at last birthday. 36	22. Birthplace (city or place) Warmland (State or Country) Sweden  23. Trade, profession, or particular kind
10. Residence (usual place of abode) (If non-resident, give place and State) Post Falls	19. Residence (usual place of abode) (If non-resident, give place and State) Post Falls
	6. Premature 7. Legiti- 8. Date of 189 birth April 12 199 (Month, Day, Year)    18. Full   MOTHER
City of Post Falls  No. St.  (If born in hospital or institution give name.) Prim. F	CERTIFICATE OF BIRTH 268861 ation District No. State File No. Local Registrar's No. 230
1. A 384/212028 - 553 PLACE OF BIRTH County of KOOTENAI AUG 3-	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
	City of Post Falls  No. St. Registre  (If born in hospital or institution give name.) Prim. I  2. FULL NAME OF CHILD Lena Scharlotte  3. Sex Female  If plural 4. Twin, triplet, or other. births  5. Number, in order of birth.  9. Full FATHER name JACOB THUNBORG  10. Residence (usual place of abode) (If non-resident, give place and State) Post Falls  11. Color or race White   12. Age at last birthday 36.  13. Birthplace (city or place) Ljustorps (State or Country) Sweden  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work   17. Total time (years)

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# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of JDAHO County of KOOTENAL	
Christine Thunk	being first duly sworn says that
She is the Mother of	Lena Scharloffe Thunborg
born April 12,1891 (Date of birth)	at Post Falls , Idaho,
whose certificate of birth is hereto attached, and thatrecorded under Chapter 139—1937 Session Laws of Idaho; an	5 he desires to have the said birth d affiant further states that the facts contained in the certifi
cate of birth of the said Lena Scharlotte	2 Thunborg
	hereto attached are true and correct ecorded.
Affiant further states that Mrs. Wierd	
medical attendant at the birth of said. Lena Scharl	otte Thunborg and that
the said medical attendant is Now Deceased	
Name of Affiant	(Now deceased (or) cannot be located)
P. O. Address	Hayden Wake, Idaho
Subscribed and sworn to before me this	day of
	= Therefore
	//m/ Notary Public.
	Residing at Coeur d Hene -, Idaho.
*If the father and mother are dead, and the next nearest kin signs t the affiant, as brother, sister, cousin, etc.	he affidavit, state that fact in the affidavit, indicating the relationship of

		•		
	•			
			*	

County of Audrick Idalio 110 10	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
No. St. Alli- 1 ()	1938 CERTIFICATE OF BIRTH 270059 District No
(If born in hospital or institution give name.) Prim. Regist	ration District No. 2142 Local Registrar's No.
3. Sex If plural 4. Twin, triplet, or other 6. is births 5. Number in order of births 6.	19 Date of
9. Full FATHER	18. Full MOTHER MOTHER Tank
(If non-resident, give place and State) Auduck	19. Residence (usual place of abode) (If non-resident, give place and State). Residence
11. Color or race Watte 12. Age at last birthday 4/ (year	20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) Bale Oliumsh Wise (State or Country)	22. Birthplace (city or place) Selections (State or Country)
sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
sawmill, bank, etc. /armer	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work work work work with the company work work was done, as own home, lawyer's office, silk mill, etc.
last engaged in this work 17. Total time (years) spent	
27. What prophylactic was used to prevent Ophthalmia Neone	atorum?
E 28. Number of children of this mother 2 (At time of this birtle	
	30. Cause of Stillbirth During labor Before labor
period of gestation	G PHYSICIAN OR MIDWIFE  asat
should make this noturn	Signed) Spencel J. Lobard
4 <sub>rd</sub>    Give name added from	ddress
(Date of)	Tiled July 15 1938 B. F. Toskit
Bogistrar.	Registrar.

" A 400

Subscribed and sworn to by Samuel Hobart and Fannie Roberts before me, a Notary Public, this 15th day of June, 1938.

My

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U85-222-040-194	The state of the s
1. PLACE OF BIRTH	STATE OF IDAHO
County of Shoshone	DEPARTMENT OF PUBLIC WELFARE  OF VITAL STATISTICS  CERTIFICATE OF BIRTH 272306
City of Wallace	CERTIFICATE OF BIRTH 272306
No	OBSTITIONIE OF BIRTH 212000
Registrat	ion District NoState File No
(If born in hospital or institution give name.) Prim. Re	egistration District NoLocal Registrar's No
2. FULL NAME OF CHILD Minnie M	ona Mylus
3. Sex births 4. Twin, triplet, or other	Full term Vls mate? Vls birth + 20 , 193 (Month, Day, Year)
name ()	18. Full MOTHER maiden
arend when a receipt	name Vellie May arment
(If non resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Wallace State
11. Color or race White   12. Age at last birthday 3.2 (y	ears) 20. Color or race White 21. Age at last birthday 21. (years)
13. Birthplace (city or place)	22. Birthplace (city or place) (State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner, 3 utcher	of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which	E 24. Industry or business in which
work was done, as silk mill, Butcher and	work was done, as own home, lawyer's office, silk mill, etc.
5 16. Date (month and year) 17. Total time (years) sp	ant   5 25. Date (month and year)
O last engaged in this work	
	· · · · · · · · · · · · · · · · · · ·
, , , , , , , , , , , , , , , , , , , ,	now living 2. (b) Born alive but now dead (c) Stillborn
29. If stillborn, months	30. Cause of stillbirth Before labor.
period of gestation or weeks	During labor.
	DING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who	) wasat m. on the date above stated.  (Born Alive or Stillborn)
When there was no attending physician	
should make this return.	or Melis May Camp Mother
Give name added from	Address 3278 Pay are Culner City Cal
a supplemental report	Address 251 VIII VA CEVIO
(Date ef)	Filed
	1. PLACE OF BIRTH  County of St. Registrat  (If born in hospital or institution give name.) Prim. Re  2. FULL NAME OF CHILD.  3. Sex births 5. Number, in order of birth births 5. Number, in order of birth 10. Residente (usual place of abode)  (If nonresident, give place and State)  10. Residente (usual place of abode)  (If norresident, give place and State)  11. Color or race Walt   12. Age at last birthday. 3. 2 (y)  13. Birthplace (city or place)  (State or Country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year)  17. Total time (years) ap in this work 18. Number of children of this mother (At time of this 1 (a) Born allive and 29. If stillborn, period of gestation (CERTIFICATE OF ATTENT I hereby certify that I attended the birth of this child, who when there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.



# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of AFFIDAVIT  County of To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)
Mille May Camp being first duly sworn says that
she is the Mother of Minnie Mona Mylro (Relationship of child)*
born Fibruary 22, 1891 at Wallace, Idaho,
whose certificate of birth is hereto attached, and that
cate of birth of the said White The Mana My 10
as stated therein, and that this birth has not been previously recorded.
Affiant further states that
medical attendant at the birth of said and that
the said medical attendant is
the said medical attendant is.  (Now deceased (or) cannot be located)  Name of Affiant.  Name of Affiant.
the said medical attendant is
Name of Affiant 18. (Now deceased (or) cannot be located)  P. O. Address 3373 fay fay Curren City. Calif.

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affidavit, as brother, sister, cousin, etc.

1. PLACE OF BIRTH County of Latah		STATE OF IDAI DEPARTMENT OF PUBLI BUREAU OF VITAL ST	C WELFARE
City of Potlatch	ાં કે કે કે કે કે	CERTIFICATE OF	08000
No. 295 107029 666	St. Registration	Detrict No.	
(If born in hospital or institution give nam		ration District NoL	ocal Registrar's No
2. FULL NAME OF CHILD			-
If plural \( \) 4. Twin, triplet, o	r other		8. Date of birth June 7, 1891193 (Month, Day, Year)
9. Full FATHER	V. 3	11-0	THER
Charles J. Kingsley	`	maiden name Mary A. 34 o	ods.
10. Residence (usual place of abode) (If non-resident, give place and State).	Potlatch, Ida.		ode) and State) Potlatch, Ida.
11. Color or race White   12. Age at last	t birthday(year	20 Color or race White   21.	Age at last birthday. (year
13. Birthplace (city or place)	vd.	22. Birthplace (city or place) (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	farmer	23. Trade, profession, or par of work done, as houseld hurse, clerk, etc.	ticular kind teeper,
16. Date (month and year) last engaged in this work  17. Total	time (years) spent	25. Data (month and year) last on and in this work	26. Total time (years) spent
27. What prophylactic was used to preven		<del></del>	,
28. Number of children of this mother	(At time of this birth (a) Born alive and no	and including lets child) w living (6) Born alive but i	now dead NONE(c) Stillborn
29. If stillborn, period of gestation	months	30. Cause of Stillisten.	During labor
	ATE OF ATTENDING of this child, who we co.,	G PHYSICIAN OR MIDWIFE  (Born Alive''or Stilling)  Signed)	
`		iled NIV 25 1934	Registrar.

1 0 1993

#### STATE OF IDAHO BARZILLA W. CLARK, GOVERNOR

State of Idaho		AFFIDAVIT
County of Pollatele Id	Ss. v	(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)
Ernest King	vley	being first duly sworn says that
is the (Relationship of cl		Potlalch Idaho Idaho
(Date of birth)	7. 1891	1/ 1
2	Laws of Idaho; and affiant i	further states that the facts contained in the certification
cate of birth of the said George	Jume Kingsli	//
as stated therein, and that this birth has no	been previously recorded.	hereto attached are true and correc
Affiant further states that		M. D. was the
medical attendant at the birth of said		and tha
the said medical attendant is	•••••	
·	Name of Affiant.	(Now deceased (or) cannot be located)
Subscribed and sworn to before me thi	P. O. Address day of	and -
Substitued and sworn to before me this	day of	me Wheel
	Residing	at Olack Crest 13C , Idah
*If the father and mother are dead, and the n the affiant, as brother, sister, cousin, etc.	_	t, state that fact in the affidavit, indicating the relationship o

. . 1

			//
g g 1. PLACE OF BIRTH		STATE OF IDAL DEPARTMENT OF PUBLIC	NELFARE 27650 H
County of 2		THE TAXABLE PARTY OF THE PARTY COMME	ATTSTICS /
City of Boise	, , , (9)	אר איז שוויים שאר איז שוויים איז איז איז שוויים איז	RIRTH
County of City of Baise	MAR 16 19	CERTIFICATE OF	276504
10 A212-203 OOI-235	Registration	District NoS	tate File No
95 7010	•		
ថ្លី ដូ (If born in hospital or institution give name.)		stration District NoL	
FE 2. FULL NAME OF CHILD NORA	tthel	Baker	
l. a			8. Date of
If plural 4. Twin, triplet, or o	ther 6.	Premature7. Legiti-	8. Date of 1891 birth 8 - 3 1891
3. Sex births 5. Number, in order	of birth	Full term mate?	(Month, Day, Year)
			THER
9. Full pame   FATHER	2 1	maidan	
Halliam Joseph	Jaker _	_ name   Velly   Ste	
10. Residence (usual place of abodd) (If non-resident, give place and State)		19. Residence (usual place of abo	
(If non-resident, give place and State)		(If non-resident, give place	
(If non-resident, give place and State). It is a state of the state of	irthday(yea	rs) 20. Color or race   21.	Age at last birthday(years)
13. Birthplace (city or place)England		22. Birthplace (city or place)	ackson County
State or Country)		(State or Country)	Illinois 1
14. Trade, profession, or particular		23. Trade, profession, or part	icular kind
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	R. R	_   of work done as housek	eeper, Hausakaanas.
sawyer, bookkeeper, etc.	w		
Sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, Q.	00	24. Industry or business in work was done, as own ho lawyer's office, silk mill, e	me.
sawmill, bank, etc.	Kood.	lawyer's office, silk mill, e	etc
H H W 16 Date (month and year)		5 25. Date (month and year)	1
	ime (years) spen	t   O   last engaged in this work	26. Total time (years) spent
2 1892 in this	work 1 4x	hntil death - 1908	in this work
Z = 27. What prophylactic was used to prevent			
28. Number of children of this mother	At time of this bir	rth and including this child) now living	ow dead 2 (c) Stillhorn O
(a)	Born alive and I	10W HVIng(b) Born anve but I	(During labor
S 29. If stillborn,	∫ months	30. Cause of Stillbirth	) -
period of gestation.	or weeks		Before labor
27. What prophylactic was used to prevent 28. Number of children of this mother (A) (a) 29. If stillborn, period of gestation	E OF ATTENDI	NG PHYSICIAN OR MIDWIFE	
	f this child who	was atat	m. on the date above stated
H d l nereby certify that I attended the birth o	i this chira, who	(Born Alive or Stillborn)	
When there was no attending physician		(Signed)	, M. D
or midwife, then the father, householder, etc.	· }	<del>-</del>	
When there was no attending physician or midwife, then the father, householder, etc. should make this return.  Give name added from	-	or	
Give name added from		Address	
(Date of)		Titled . 1029 109	
Give name added from a supplemental report	Registrar.	Filed MAR 1.6 1939, 193	Registrar.
▶ • Ⅱ	TACE TO AT east	hittiral av =	
·			

		<b>k</b>

## STATE OF IDAHO BARZILLA W. CLARK, GOVERNOR

<b>^</b>	
State of Callfornia	AFFIDAVIT
· · · · · · · · · · · · · · · · · · ·	ss. (To accompany a certificate of an unreported birth
County of Sant Grancisco	when such certificate is not attested by signature of
( N ) LO actual ) The	attending physician or midwife.)
( 'huse) 6 live Stephensen Jar	being first duly sworn says that
The David	
(Relationship of child)*	wora Ethel Baker
	( <b>W</b>
born Juguel 3-187	at Joce , Idaho,
(Date of birth)	en D A.
whose certificate of birth is hereto attached, and that	6 the baker desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; as	nd affiant further states that the facts contained in the certifi
On the second of the second	rber
cate of birth of the said	CECO
	hereto attached are true and correct
as stated therein, and that this birth has not been previously	r ecorded.
A. 60-1-1 County on A. 1-1-1	
Affiant further states that	M. D. was the
	Midwife
medical attendant at the birth of said	and that
the said medical attendant is	
	(Now deceased (or) cannot be located)
• •	MA POO! VIEW &
Name of Affiant.	If is Clive Sujanuam Janky
P. O. Address. 5	26-11 Street - Sacramento-Calil.
- 10	
Subscribed and sworn to before me this	day of January - 19 134
	20 Jan 10 - 11 - 11 - 11 - 11
AUTARY PUBLIC C	utility to a series of
he and soe sine City and Courty of San Synastics	Notary, Public.
fiture of California	Residing at fau Trancerco, Calif., 1200.
"If the father and mother are dead, and the next nearest kin signs the affiant, as brother, sister, cousin, etc.	the affidavit, state that fact in the affidavit, indicating the relationship of

- AK Kinie to 9



State of	Idaho		)	AFFIDAV (To accompany a certificate of	
County of	Washington		} ss.	when such certificate is not at attending physician or midwife	tested by signature of
	Byron Camp		••••	being firs	t duly sworn says that
he	is the uncle (Relationship	of child)*	······································	Howard E. Elliott	
born	July 21, 1891 (Date of birth)		at	Bear	, Idaho,
recorded une	der Chapter 139—1937 Sess	ion Laws of Idaho; :	and affian	desired that the facts of	s to have the said birth contained in the certifi-
cate of birth	of the said	Howard E. E	TIIOTT		
				hereto attache	ed are true and correct
as stated th	erein, and that this birth h	as not been previous!	y recorde	<u>d.</u>	
Affiant	further states that				M. D. was the Midwife
				t Elliott	and that
the said med	dical attendant is	nnot be loca	ted (Now o	leceased (or) cannot be located)	
		Name of Affian	$\bigcirc$	you leavel	
Subscr	ribed and sworn to before n	P. O. Address ne this 2 4 12	3	of Margrele	, 1835
			************	Melen	Notary Public.
				g at Cambrilly	, Idaho.
* If the father ant, as broth	· and mother are dead, and the ne ter, sister, cousin, etc.	ext nearest kin signs the	amdavit, sta	ate that fact in the affidavit, indicating	the relationship of the affi-

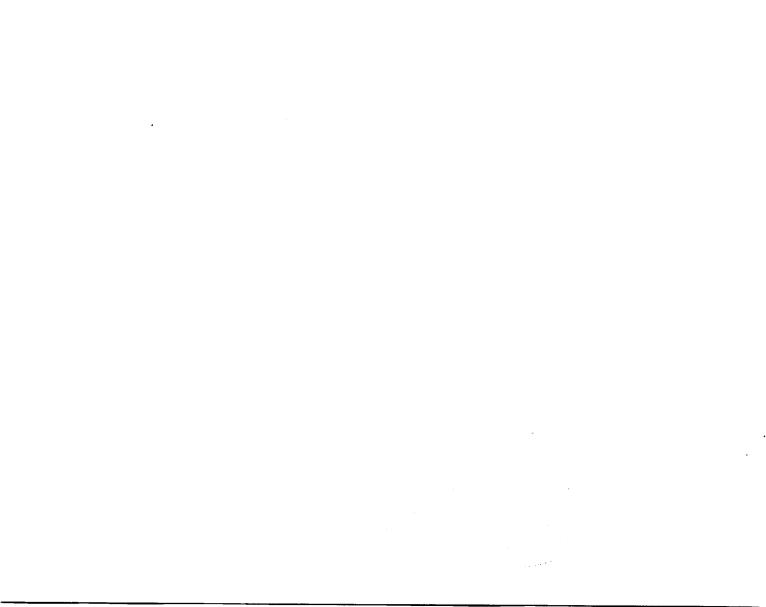


of more than birth stated.	1. PLACE OF BIRTH County of Jack	STATE OF IDAI  1939 DEPARTMENT OF PUBLI BUREAU OF VITAL ST	HO C WELFARE 278564
nore th s	City of Kendrick MAY 8	CERTIFICATE OF	RIRTH
e of r	A 3/5 20 / 029 / 3/9 Registration	on District No.*S	
case (	(If born in hospital or institution give name.) Prim. Reg	istration District NoL	ocal Registrar's No
ord	2 FULL NAME OF CHILD Hazel Carl	ton Jannatt	
N.B ch, in	3. Sex 7. If plural 4. Twin, triplet, or other		8. Date of the last of the las
ORI of e	9. Full FATHER		THER
EC.	name Eben Jaspan Jannat	maiden Roan & Can	ton Janual
PERMANENT RECORD.	10. Residence (usual place of allode) (If non-resident, give place and State)	19. Residence (usual place of about (If non-resident, give place	and State) Kenduck
the	11. Color or race white 12. Age at last birthday 2. 7 (yes	ars) 20. Color or race while 21.	Age at last birthday(years)
RM.	13. Birthplace (city or place) manchestus, mas	(State or Country)	
A PE	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or part of work done, as housek typist, nurse, clerk, etc	eeper, House beeper
THIS IS made for	kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, for the sawmill, bank, etc.  16. Date (month and year)  17. Total time (years) specific to the sawmill of the s	24. Industry or business in work was done, as own ho	which
TK—T be m	O rast engaged in this work		
ust I	in this work	, 19	in this work
I I	27. What prophylactic was used to prevent Ophthalmia Nec	rth and including this child)	
A To	28. Number of children of this mother (At time of this bi	now living (b) Born alive but n	ow dead (c) Stillborn
F	29. If stillborn. months		Sefore labor
rate	period of gestation or weeks	30. Cause of Stillbirth	During labor
PLAINLY WITH UNFADING INK-d at birth a Separate Return must be	CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who	ING PHYSICIAN OR MIDWIFE  was	m. on the date above stated.
FE	When there was no attending physician	(Signed)	M D
t bi	or midwife, then the father, householder, etc., should make this return.	<u> </u>	
d a	Give name added from	or	
chil	a supplemental report(Date of)	Address	
WRITE one child	Registrar.	Filed	Registrar.

# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH 278564 BUREAU OF VITAL STATISTICS

State of Pierce		)	(To accompan	AFFIDAVII	r an unreported birth
County of Pierce		} ss.	when such certattending phys	tificate is not atte ician or midwife.)	an unreported birth ested by signature of
Pearl Carlton Ta	nnantt			being first	duly sworn says that
is the Mother	of	Hazel	Carlton 7	<u> Pannantt</u>	
(Relationship of o	child)*				
born Feb Ist I89I		at	Kend	rick	, Idaho,
(Date of birth)					
whose certificate of birth is hereto attached recorded under Chapter 139—1937 Session	i, and that Laws of Idaho;	she and affiant	t further states	that the facts cor	to have the said birth
cate of birth of the said	el Carltor	ι Tannε	intt		
as stated therein, and that this birth has n	ot been previous	ly recorded	<u>l.</u>		
Affiant further states that	William	Rothwe	ell		M. D. was the Midwife
medical attendant at the birth of said	Ha <b>ze</b>	L Carl	ton Tanna	ntt	and that
the said medical attendant is	now Deces	sed			
the said medical attendant is			eceased (or) cai	nnot be located)	
	Name of Affian	nt (4)	earl C	artton	mmat
	P. O. Address	7 c	i com	a yr	ast
Subscribed and sworn to before me t	his 5th	day	of Ma	<u>y</u>	, 19.39
			11/20	angung	9
			•	0	Notary Public.
		Residing	g at Tac	oma Washin	gton , Idaho.

\* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affi-



493 204 019967 278609 of more than birth stated STATE OF IDAHO County of Car DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of 7 CERTIFICATE OF BIRTH **278609** Registration District No. ......State File No. (If born in hospital or institution give name.) Prim. Registration District No. .....Local Registrar's No. ..... 2. FULL NAME OF CHILD. 8. Date of If plural (4. Twin, triplet, or other 6. Premature 7. Legiti-PERMANENT RECORD. N. ch. and the number of each, 3. Sex birth...( 5. Number, in order of birth...... Full term mate? (Month, Day, Year) 9. Full 18. Full FATHER MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State)..... 11. Color or race Light 12. Age at last birthday 27. (years) 22. Birthplace (city or place) Roemman (State or Country) (State or Country) aermany 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, 24. Industry or business in which work was done, as own home, ' lawyer's office, silk mill, etc. [5] 25. Date (month and year) 16. Date (month and year) NG INK—must be 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work Len in this work alan UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (During labor..... WITH UN Separate 29. If stillborn, months 30. Cause of Stillbirth ..... period of gestation..... or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was tom alme at 6 P. m. on the date above stated ದ (Born Alive or Stillborn) birth When there was no attending physician (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from Address Markey Flaho a supplemental report (Date of) Registrar. Registrar.

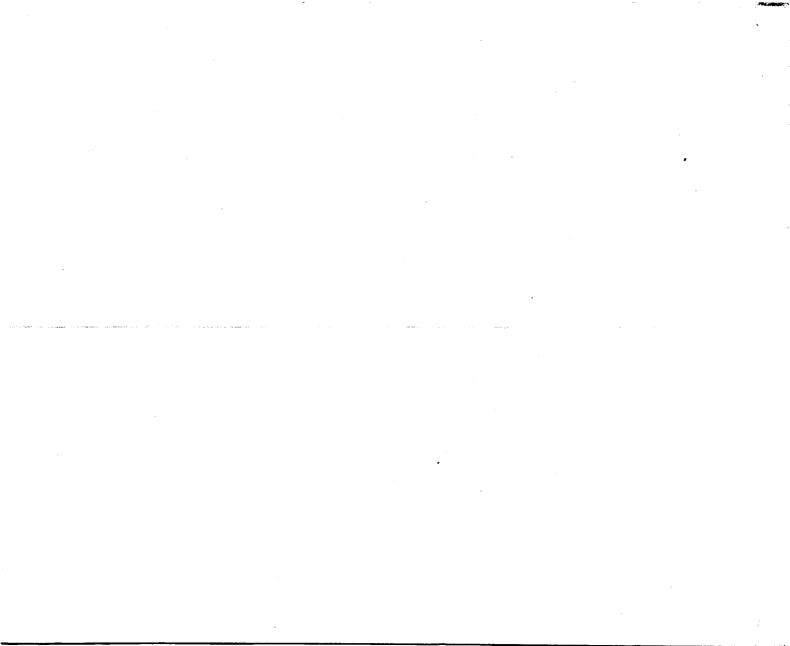
Palar.

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State ofdaho		AFFIDAVIT  (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)
County of Custer		when such certificate is not attested by signature of attending physician or midwife.)
Lena A. Morriso	n,formerly Lena	A. Hiller, being first duly sworn says that
(Relationship	of child)*	ta Augusta Miller
(Date of birth)		ouston, Lost River, , Idaho,
whose certificate of birth is hereto atta recorded under Chapter 139—1937 Ses	ched, and thation Laws of Idaho; and affia	she desires to have the said birth ant further states that the facts contained in the certifi-
		<u>r</u>
		hereto attached are true and correct
as stated therein, and that this birth h	as not been previously record	ied.
Affiant further states that	s. Thompson	MXD: Was the Midwife
medical attendant at the birth of said	Juanita	Augusta Miller and that
the said medical attendant isnc	w deceased.	deceased (or) cannot be located)
	Name of Affiant	ma a. Thorword
	P. O. Address	Ma <b>c</b> kay, Idaho.
Subscribed and sworn to before r	ne this 18th de	y of
		Notary Public
My Com. Expires Oc	t. 16, 1940 Resid	Notary Public.  Notary Public.  Ilackay , Idaho.
* If the father and mother are dead, and the neant, as brother, sister, cousin, etc.	ext nearest kin signs the affidavit,	state that fact in the affidavit, indicating the relationship of the affi-



1. PLACE OF BIRTH  Boise City of Sweet  No. S  (If born in hospital or institution give name.)  2. FULL NAME OF CHILD G1	t. Registration I Prim. Registra	STATE OF IDAH DEPARTMENT OF PUBLIC BUREAU OF VITAL STA CERTIFICATE OF District No	WELFARE ATISTICS BIRTH ate File No. 279648
c	other	remature	<u></u>
name John Harmon Talley		maiden name Dena Ebelme	sser
		(If non-resident, give place	and State)
11. Color or racewhite   12. Age at last 13. Birthplace (city or place). Zanesvil (State or Country)		22. Birthplace (city or place)	age at last birthday ZZ.(years bushnell .linois
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	23. Trade, profession, or partic of work done, as houseke typist, nurse, clerk, etc 24. Industry or business in w work was done, as own hon lawyer's office, silk mill, et	eper, 
	time (years) spent	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
	Ophthalmia Neonat	orum?	
E 29 Number of children of this mother (	At time of this hirth	and including this child). living	w dead (c) Stillborn
29. If stillborn, period of gestation	months or weeks	30 Cause of Stillbirth	Before labor
d   I hereby certify that I attended the birth of	E OF ATTENDING of this child, who was	PHYSICIAN OR MIDWIFE at at a control of the control	m. on the date above stated
When there was no attending physician or midwife, then the father, householder, etc. should make this return.	·, >	igned)	
Give name added from a supplemental report (Date of)	Ad	Idress (COVEY)	***************************************
one	Registrar,	led10, 1939, 193	Registrar.



# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho County of Ada			· (To	AF accompany a certi	AFFIDAVIT pany a certificate of an unreported birth certificate is not attested by signature of	
County of	Ada		ss. whe	en such certificate is ending physician or	s not attested by signature of midwife.)	
					ing first duly sworn says that	
is th	ne mother	of	Gladys	Talley		
	(Relationship of o	child)*				
born Decen	nber 17,1991 (Date of birth)		. at	Sweet	, Idaho,	
whose certificate of recorded under Cha	f birth is hereto attache apter 139—1937 Session	d, and that Laws of Idaho; an	she	ther states that the	desires to have the said birth facts contained in the certifi-	
acts of hirth of the	anid	Galdys	Talley			
Affiant furth		ot been previously Mrs. Samuel	recorded. . Ireton		attached are true and correct	
medical attendant	at the birth of said	Gal	das Lat	тей	and that	
the said medical at	ttendant is		(Now deceas	sed (or) cannot be l	ocated)	
		Name of Affiant		Derre	Jalley	
		P. O. Address	19	14 N LITTI,	Boise, Idaho	
Subscribed a	nd sworn to before me t	this 9th	day of	June	, 19 39	
				KATTar	haur	
		m. 0 1017 9, 1342.			Notary Public.	
	,	1011 0, 10121	Residing at			
* If the father and mo	ther are dead, and the next :	nearest kin signs the aff	idavit, state tha	t fact in the ama NA,	dicating the relationship of the affi-	

ant, as brother, sister, cousin, etc.

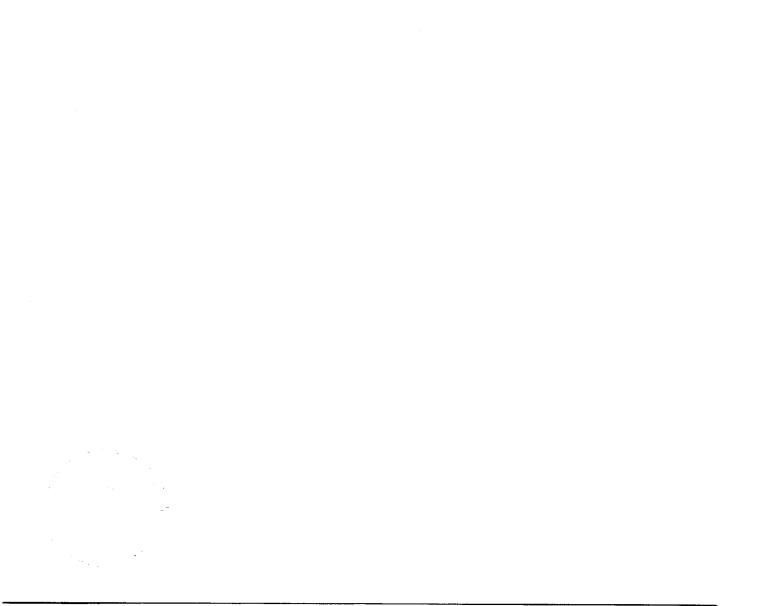


220044 PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of To BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 279706 (If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No. 4 100 FULL NAME OF CHILD Q Laure D. N. B. each, in 8. Date of July 10. 3. Sex Full term 484 mate? 484 5. Number, in order of birth..... PERMANENT RECORD. (Month, Day, Year) MOTHER 9. Full [18. Full FATHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Nucl. (If non-resident, give place and State) 11. Color or race Little | 12. Age at last birthday 42 (years) 20. Color or race. white | 21. Age at last birthday 32 (years) 13. Birthplace (city or place) (State or Country) 22. Birthplace (city or place) (State or Country) Tals Trula 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, Jarwe sawyer, bookkeeper, etc. typist, nurse, clerk, etc. for 24. Industry or business in work was done, as own lawyer's office, silk mill, 25. Date (month and year) last engaged in this work 24. Industry or business in which 15. Industry or business in which made work was done, as own home, work was done, as silk mill, sawmill, bank, etc. lawver's office, silk mill, etc. 16. Date (month and year) 17. Total time (years) spent pe 26. Total time (years) spent last engaged in this work last engaged in this work RK July 1930 in this work. in this work UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADIN Separate Return (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living..... (b) Born alive but now dead...... (c) Stillborn....... Before labor..... 29. If stillborn. months 30. Cause of Stillbirth ..... period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was orm accept at m. on the date above stated. (Born Alive or Stillborn) (Signed) Yould R / level When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from Address (2000) Born Jalobo a supplemental report (Date of) Registrar.

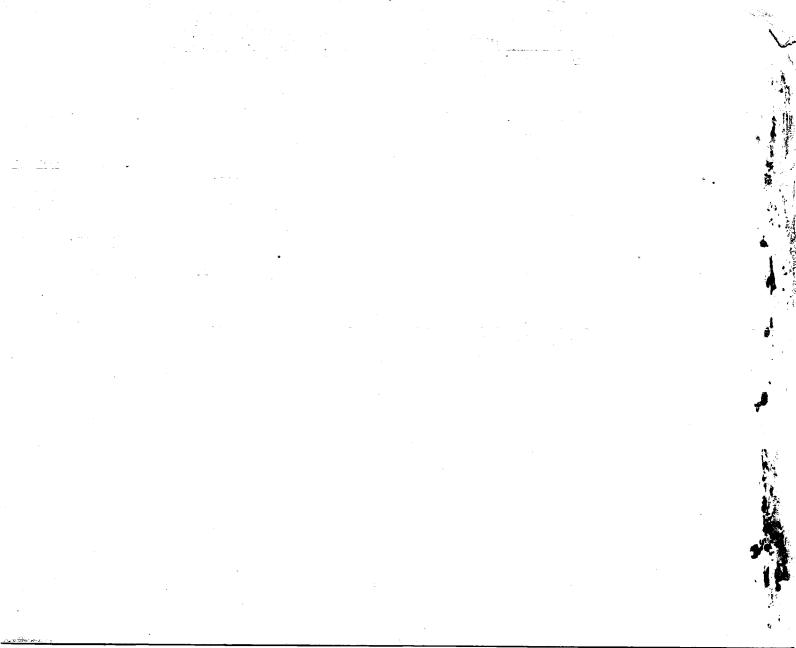
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1. Alig PLACE OF BIRTH  County of Bingham  City of Eagle Rock, Idaho	REC=TAPT9 AUG 2 4 1939	CERTIFICATE OF	WELFARE TISTICS BIRTH
NoSt	Registration	District NoStr	ate File No. 202361
(If born in hospital or institution give name.)	Prim. Registi	ration District NoLo	cal Registrar's No.
2. FULL NAME OF CHILD	Minnie De	elia Bain	***************************************
3. Sex  Flowed 2  If plural 4. Twin, triplet, or births 5. Number, in order		PrematureXXX 7. Legiti-	8. Date of Mar. 23, 1889]
Female 5. Number, in order 9. Full FATHER	OI DIFTH F	18. Full MOT	1 (,, )
name Peter William Bain		maiden name Delia Adeli	ne Hardy
10. Residence (usual place of abode) (If non-resident, give place and State)	Tagle Nock	19. Residence (usual place of about (If non-resident, give place of the place of th	de) Earle State) Eagle Rock
11. Color or race in little   12. Age at last l	oirthday $29$ (years	)  20. Color or race.!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	age at last pirthuay(years)
13. Birthplace (city or place) Lenosha, (State or Country)	Wisconsin	22. Birthplace (city or place) St (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, Fari sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill bank etc.		23. Trade, profession, or particular of work done, as houseke typist, nurse, clerk, etc	eper, Housekeeper
16. Date (month and year) last engaged in this work last engaged in this work in this	time (years) spent	March 1901	in this work
27. What prophylactic was used to prevent	Ophthalmia Neona	torum? APSVI	0.1
28. Number of children of this mother (A)	At time of this birth Born alive and nov	and including this child) v living (b) Born alive but no	w deadNone(c) StillbornNone
29. If stillborn, period of gestationXXXXXX	months or weeks XX	an Gauss of Stillbinth XXXX	Before labor XXXX.  During labor XXXX.
CERTIFICAT: I hereby certify that I attended the birth o	E OF ATTENDING f this child, who wa	PHYSICIAN OR MIDWIFE	m. on the date above stated,
When there was no attending physician	) /s	(Born Alive or Stillborn)	
or midwife, then the father, householder, etc., should make this return.	>	·	
Give name added from a supplemental report		ddress	
(Date of)		led Aug 24 1939 193	
	Registrar.		Registrar.

State of	California		ss.	AFFIDAVIT (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)
County of.	Santa Ulara		.)	attending physician or midwife.)
	addie Bain			being first duly sworn says that
cho	in the mother	of	Min	nie Delia Bain
	(Relationship of cl	hild)*		nie Delis Bain
horn	Mar. 23. 1891		. at	Hagle hock , Idaho,
D0111	(Date of birth)			
whose cert recorded u	ificate of birth is hereto attached nder Chapter 139—1937 Session	, and that Laws of Idaho; an	She	desires to have the said birth nt further states that the facts contained in the certifi-
cate of bir	th of the said	llinnie be	<u>lia</u>	Bain
				hereto attached are true and correct
as stated t	herein, and that this birth has n	ot been previously	record	ed.
Affia	nt further states that	argaret	DLOV.	Midwife Midwife
medical at	tendant at the birth of said	Minnie	Lol.	ia Dain and that
the said m	edical attendant is	now de	0028 (Now)	deceased (or) cannot be located)
		Name of Affiant.	4	ddie Bank
•		P. O. Address.	7 1.	Ord St., Mamath Falls, Oregon
Subs	cribed and sworn to before me th	nis 21st	day	of August , 1939
				Havel Foels Notary Public.
				Notary Public.
				ng at Morgan Hill, California, XXXX
	er and mother are dead, and the next no other, sister, cousin, etc.	earest kin signs the affi	idavit, st	tate that fact in the affidavit, indicating the relationship of the affi-



stated.	1. PLACE OF BIRTH Shoshone	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
birth	City of Warraner SEP	12 1939  BUREAU OF VITAL STATISTICS  CERTIFICATE OF BIRTH  stration District No. /2 3 State File No. 283088
order of	(If born in hospital or institution give name.) Prim 2. FULL NAME OF CHILD. WILLIAM ADAM	GOLSONG COLSONG
f each, in	3. Sex M. If plural 4. Twin, triplet, or other 5. Number, in order of birth	Full term / mate? Yes (Month, Day, Year)
5 8	9. Full FATHER name ADAM GOLSONG	18. Full Jehn MOTHER maiden SABINA GOLSONG
na	10. Residence (usual place of abode) (If non-resident, give place and State) Wardner.	Idaho  19. Residence (usual place of abode)  (If non-resident, give place and State)  Wardner, Idaho
and the	11. Color or race	7 (years) 20. Color or race We 21. Age at last birthday 22 (years) 22. Birthplace (city or place) St. Helena, Nebraska (State or Country)
each,	14. Trade, profession, or particular kind of work done, as spinner, Miner at dat sawyer, bookkeeper, etc. Miner at dat 15. Industry or business in which of birth work was done, as silk mill,	29. I ado, profession, of particular kind
made for	E   15. Industry or business in which OI DITTH   Work was done, as silk mill,   Sawmill, bank, etc	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
و ا	last engaged in this work	last engaged in this work 20. Total time (years) spent
		a Neonatorum?
Return m	28. Number of children of this mother (At time of t (a) Born alive	his birth and including this child) and now living
tet e	29. If stillborn, and month or wee	20 Cours of stillbirth
g Separate	CERTIFICATE OF ATT  I hereby certify that I attended the birth of this child,	who was bore alwe at 2 a m. on the date above stated.  (Born Alive or Stillborn)
at birth	When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.  Give name added from	(Signed) , M. D. or Salaina Holoon9, Midwife
chifd	a supplemental report(Date of)	for the same of the same of
v v	Registra	Registrar.



State of IDAHO County of SHOSHONE	when such certificate is not attested by signature of attending physician or midwife.)
	being first duly sworn says that
(Relationship of child)*	WILLIAM ADAM GOLSONG
born October 27, 1891 (Date of birth)	at Wardner, Shoshone County, Idaho,
recorded under Chapter 139—1937 Session Laws of Idaho; a	she desires to have the said birth and affiant further states that the facts contained in the certifi-
cate of birth of the said. WILLIAM ADAM GOLSONG	
	hereto attached are true and correct
as stated therein, and that this birth has not been previous!	y recorded.
Affiant further states that a midwife	
Affiant further states that a midwife	GOLSONG and that and it is believed that she is now deceased
Affiant further states that a midwife  medical attendant at the birth of said WILLIAM ADAM on name of said midwife is not now known	M. D. was the
Affiant further states that a midwife  medical attendant at the birth of said WILLIAM ADAM on name of said midwife is not now known	GOLSONG and that and it is believed that she is now deceased  (Now deceased (or) cannot be located)
Affiant further states that a midwife medical attendant at the birth of said WILLIAM ADAM name of said midwife is not now known the main medical attendants.	GOLSONG and that and it is believed that she is now deceased  (Now deceased (or) cannot be located)  t. Sabura Holsong
Affiant further states that a midwife  medical attendant at the birth of said WILLIAM ADAM on name of said midwife is not now known the Explanational Control of Affian	GOLSONG and that and it is believed that she is now deceased  (Now deceased (or) cannot be located)  t Sabrua Colsono Kingston, Idaho
Affiant further states that a midwife medical attendant at the birth of said WILLIAM ADAM name of said midwife is not now known the main medical attendants.  Name of Affian P. O. Address	GOLSONG and that and it is believed that she is now deceased  (Now deceased (or) cannot be located)  t September 1939  Ames September 1939
Affiant further states that a midwife  medical attendant at the birth of said WILLIAM ADAM on name of said midwife is not now known the name was attendances.  Name of Affian P. O. Address	GOLSONG and that and it is believed that she is now deceased  (Now deceased (or) cannot be located)  t. Sabrua Holson, Kingston, Idaho

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4372 28.033-131 SEP 12 1939 PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Madis BUREAU OF VITAL STATISTICS City of Keshura Ida CERTIFICATE OF BIRTH **28**3163 Registration District No. 630 .....State File No. .... case o Prim. Registration District No. 2/28 Local Registrar's No. 169 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD Mar gaset ₩.E birth Man 28 19 3. Sex births emale 5. Number, in order of birth..... Full term. mate? PERMANENT RECORD. (Month, Day, Year) ğ MOTHER 9. Full FATHER lls. Full name maiden the number Grieve m. Millan name abella 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Liquing Ida (If non-resident, give place and State)/ 11. Color or race white | 12. Age at last birthday.... 15 (years) 20. Color or race white | 21. Age at last birthday.... 27 (years) 13. Birthplace (city or place) Drockwille, Ontains 22. Birthplace (city or place) Mustay, With (State or Country) (State or Country) A PEI each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper kind of work done, as spinner. typist, nurse, clerk, etc. sawyer, bookkeeper, etc. for 24. Industry or business in which 15. Industry or business in which -THIS made work was done, as own home, work was done, as silk mall, lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work INK in this work in this work UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living. (b) Born alive but now dead...... (c) Stillborn...... Before labor months 29. If stillborn. 30. Cause of Stillbirth ..... period of gestation..... or weeks During labor..... WITH CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was leave at & P.m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report Address ..... Filed 9- 2- 1939 Mrs HESouris (Date of) Registrar. Registrar.

14 1 A 1

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State of Idaho County of Madison Sabella Mc Larry	when such of attending pl	ertificate is not att hysician or midwife.	an unreported birth ested by signature of
she is the Mother of (Relationship of child)*	nargaret Y	nedarry	Priest
born Way 28, 1891 (Date of birth)	at Repl	urg	, Idaho,
whose certificate of birth is hereto attached, and thatrecorded under Chapter 139—1937 Session Laws of Idaho	and affiant further stat	desires es that the facts co	to have the said birth ntained in the certifi-
cate of birth of the said Margaret M	П	riest	are true and correct
as stated therein, and that this birth has not been previou	sly recorded.	nereto attacheo	are true and correct
Affiant further states that	Jones		M. D: was the
Affiant further states that	$\nu$	Priest	M.D: was the Midwife and that
	t modarry		Midwife
medical attendant at the birth of said Margare	modarry		Midwife
medical attendant at the birth of said Margare	(Now deceased (or)		Midwife
medical attendant at the birth of said Margare the said medical attendant is now dece	(Now deceased (or)		Midwife
medical attendant at the birth of said Margare the said medical attendant is Now Merce Name of Affia	(Now deceased (or)		Midwife
medical attendant at the birth of said. Margare the said medical attendant is	(Now deceased (or)		Midwife

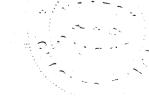
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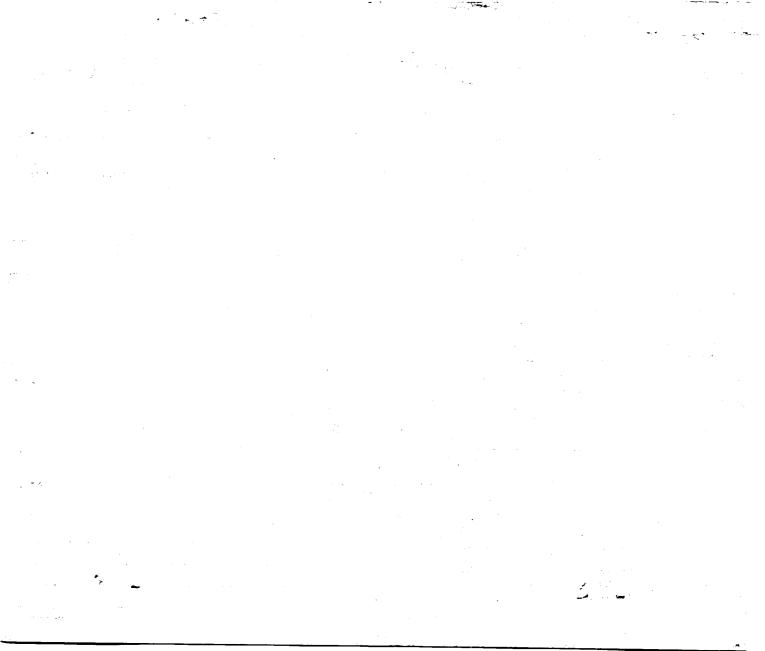
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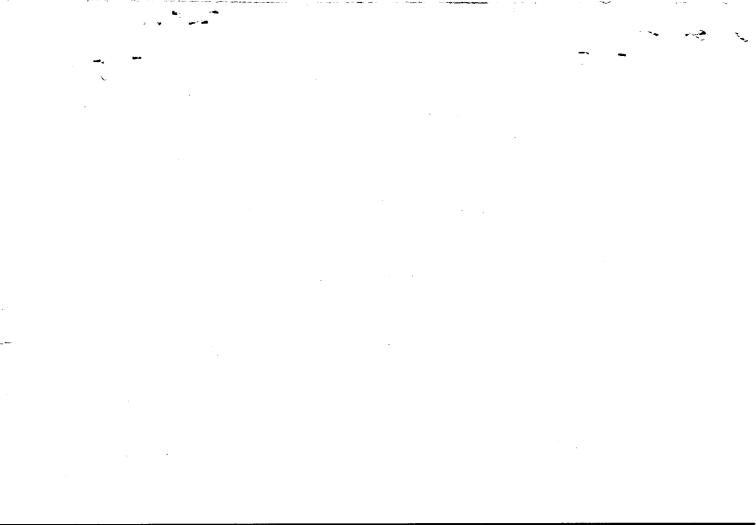


RECORD.	()	(If born in hospital or institu- tion give name.)  Prim. Registra	STATE OF IDAHO  DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS  CERTIFICATE OF BIRTH  District No. State File No.  Atlon District No. Local Registrar's No.
	d d	2. FULL NAME OF CHILD  3. Sex   If plural   4. Twin, triplet, or other   6.    5. Number, in order of birth   FATHER    10. Residence (usual place of abode)   (If non-resident, give place and State)   fauthuriff.	Premature 7. Legiti- 8. Date of Mil 27 189
RESERVED FOR ING INK — THE	of each in order of birth, state	11. Color or race	20. Color or race 21. Age at last birthday 32. (years  22. Birthplace (city or place) (State or country)  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work
WITH	than one cuit		eonatorum?  h and including this child)  v living (b) Born alive but now dead(c) Stillborn
<b>~</b> 7	B.—In case or more	I hereby certify that I attended the birth of this child,  When there was no attending physician or midwife, then the father, householder, etc., should make this return.  Give name added from a supplemental report.  (Date of)  (S	who was at m. on the date above stated (Born Alive or Stillborn)  Signed) May King M. D.  Signed Midwift  Idress
:	z.	Registrar.	Registrar.

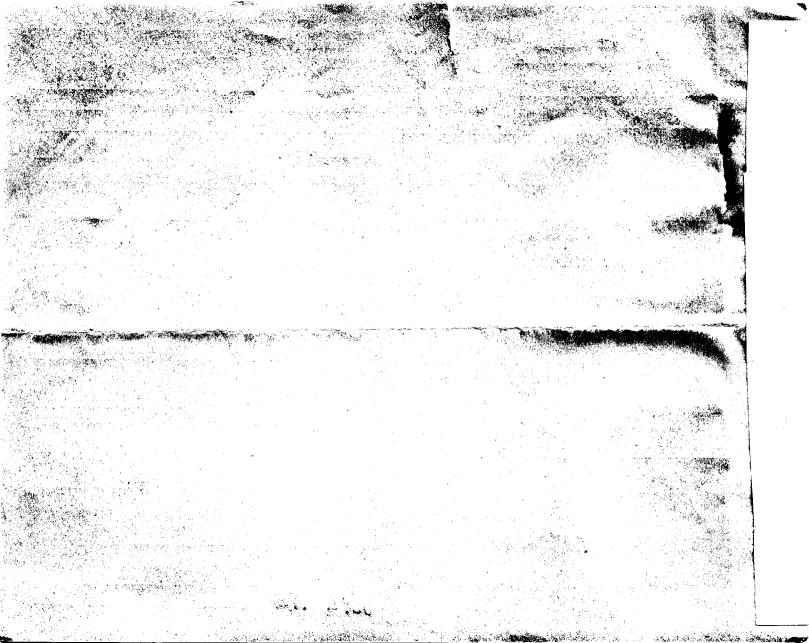


### A F F I D A V ITT

may	Ting	,	_,being du	aly sworn ur	oon oath,	
deposes an	nd says,	that she	_ is the _	sister	of	
Jamis V	Valter	hunwoo	✓; that	he wa	s born at	
South	nich	in Ma	Resu	County,	Idaho,	
april	27.1	891.				
	. ,		may	King		
Subscribed	d and swo	rn to befor	e me this		of Seplenter	: 1939.
				Eli Meri	gerter.	
			CLERK EX-OFF	OF THE DISTRIC	DRECORDER	



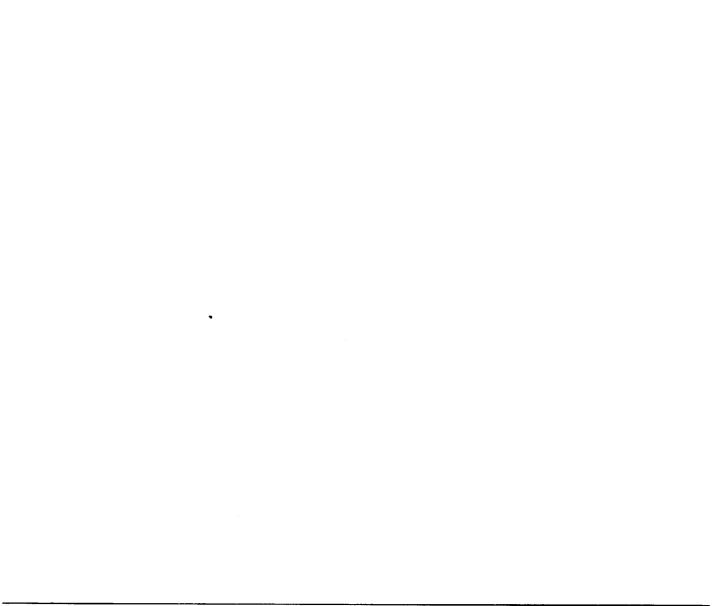
of more the birth state	City of	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH on District NoState File No
In case order of	(If born in hospital or institution give name.) Prim. Reg	gistration District NoLocal Registrar's No
D. N. B each, in	3. Sex  Male  If plural \{4. Twin, triplet, or other	8. Date of birth Sept. 30, 198
VT RECORD.	9. Full FATHER name Fred David James  10. Residence (usual place of abode) (If non-resident, give place and State) Boise	18. Full MOTHER maiden name Rose Eleanor Basil James  19. Residence (usual place of abode) (If non-resident, give place and State)  Boise
PERMANENT ch, and the nu	} <del></del>	20. Color or race White   21. Age at last birthday 2 (years)  22. Birthplace (city or place) Des Morres  (State or Country) Jowa
-THIS IS A made for ea	14. Trade, profession, or particular kind of work done, as spinner, Butcher sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill Butcher Shift 16. Date (month and year) last engaged in this work  17. Total time (years) specific profession, or particular kind of work done, as spinner, Butcher Shift 15. Industry or business in which work was done, as silk mill butcher Shift 16. Date (month and year) last engaged in this work	ent   S   25. Date (month and year)   26. Total time (years) spent
DING INK- irn must be	27. What prophylactic was used to prevent Ophthalmia Ne	onatorum?
WITH UNFADING Separate Return m		now living (b) Born alive but now dead (c) Stillborn  30. Cause of Stillbirth
	CERTIFICATE OF ATTEND  I hereby certify that I attended the birth of this child, who  When there was no attending physician ?	ING PHYSICIAN OR MIDWIFE was Born Cline at P m. on the date above stated.  (Born Alive or Stillborn)
PLA l at ]	or midwife, then the father, householder, etc., should make this return.  Give name added from a supplemental report.	or Henricla & Peasly ms & Haridwife  Address
WRITE one child	(Date of)  Registrar.	Filed



## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

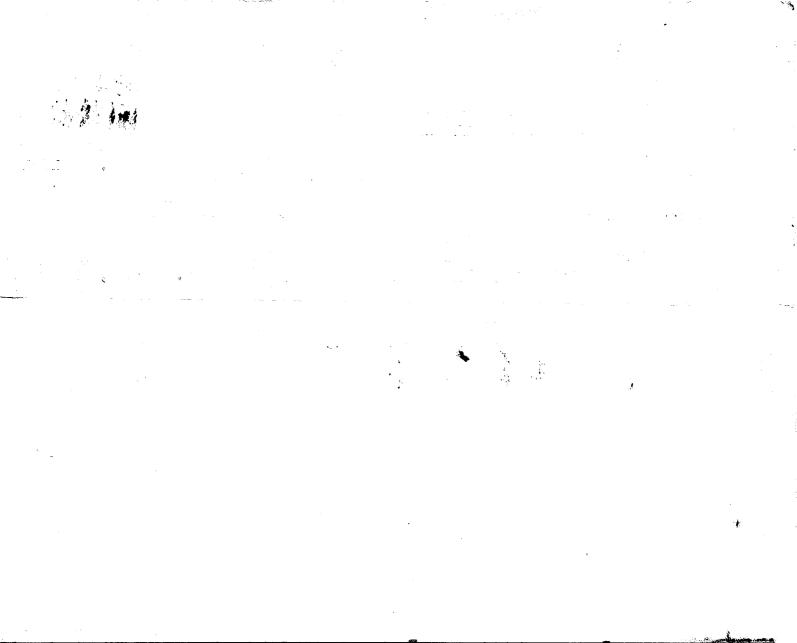
State of I daho	AFFIDAVIT  (To accompany a certificate of an unreported birth
Junty of ada	when such certificate is not attested by signature of attending physician or midwife.)
Neury Str C. Joseph	being first duly sworn says that
	red + Rose James
(Relationship of child)*	. /
born Sept. 30, 1891	at Boise , Idaho,
(Date of birth)	
whose certificate of birth is hereto attached, and thatrecorded under Chapter 139—1937 Session Laws of Idaho;	desires to have the said birth and affiant further states that the facts contained in the certifi-
cate of birth of the said	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hereto attached are true and correct
as stated therein, and that this birth has not been previous	·
Affiant further states that	M. D. was the Midwife
medical attendant at the birth of said	and that
the said medical attendant is	eased
	(Now deceased (or) cannot be recared)
Name of Affian	nt Herritta & Teasley hrs & H.
P. O. Address	Brose Jahr
Subscribed and sworn to before me this	day of
*	Morno
	Notary Public.
	/ 1/5 al a 1/2 V
· ·	Residing at ,, Idaho. affidavit, state that fact in the affidavit, indicating the relationship of the affi-

ant, as brother, sister, cousin, etc.



of more tha	1. PLACE OF BIRTH  County of Adams City of Meadows  No. St. Registration	<b>y</b>
B.—In case in order of	2. FULL NAME OF CHILD. Jessie Dell King	stration District No. Local Registrar's No.
z á	3. Sex births 4. Twin, triplet, or other 6.  5. Number, in order of birth.	Full term <b>yes</b> mate? <b>yes</b> birth Sept. 5 1891 (Month, Day, Year)
A PÉRMANENT RECORD. each, and the number of es	9. Full FATHER name Jerry J. King  10. Residence (usual place of abode)	18. Full MOTHER maiden name Mary Ann Munselle  19. Residence (usual place of abode)
TENT he nu	(If non-resident, give place and State) Meadows  11. Color or race white 12. Age at last birthday 43 (year	(If non-resident, give place and State) Meadows  20. Color or race white 21. Age at last birthday 40 (years)
RMAP and t	13. Birthplace (city or place) Columbus, Ohio (State or Country)	22. Birthplace (city or place)
	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
-THIS IS made for	[2] 15. Industry or business in which	of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) spent
VK—T	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  19. in this work.	
G INK- must be		natorum?
'ADIN		th and including this child) <b>8</b> ow living <b>6</b> (b) Born alive but now dead <b>2</b> (c) Stillborn <b>no</b>
WITH UNFADING Separate Return mi	29. If stillborn, months period of gestation	30. Cause of stillbirth
	I hereby certify that I attended the birth of this child, who w	NG PHYSICIAN OR MIDWIFE  rasat
PLAINLY I at birth a	should make this return.	(Signed), M. D. or
WRITE Pone child	Give name added from a supplemental report	Address
WRI one	Registrar.	Filed 0 ct /6 , 1939

WIND WELL WITH VINION WAY



# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH 1839 BUREAU OF VITAL STATISTICS

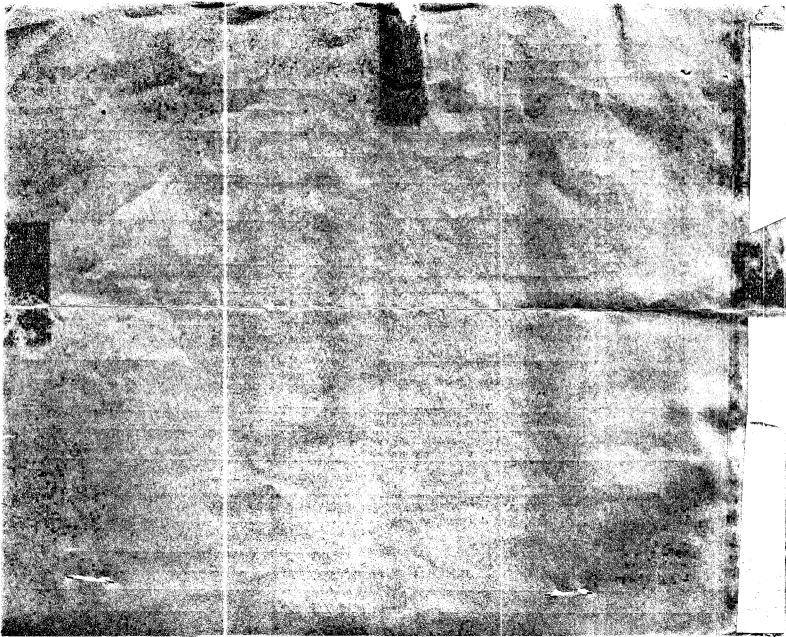
State of California		)	AFFIDA (To accompany a certificat	AVIT
County of Yuba		} ss.	when such certificate is not attending physician or midv	attested by signature of
Rosa	Plaster	······	being fi	st duly sworn says that
is the sister				
. (Relationship of chi	ild)*			
born Sept.5,1891	******************************	at	Meadows	Idaho.
(Date of birth)				,,
whose certificate of birth is hereto attached, recorded under Chapter 139—1937 Session I	and thataws of Idaho; a	she	desi designation designates that the fact	res to have the said birth s contained in the certifi
cate of birth of the said	Jessie De	ll Ki	ng	
			hereto attac	
as stated therein, and that this birth has not	been previously	r ecorded.	nereto atta	med are true and correct
Affiant further states that	Dr.	Sherw	- ood	M. D. was the Midwife
medical attendant at the birth of said	Jessie	Dell.	King	
the said medical attendant is dec	besset			
vice bailt incurear accordance is			(Now deceased (or) cann	ot_be located)
	Name of Affiant	114	s Burn Cl	aster
	P. O. Address	5012	SoEast 78th Ave.	Portland Ore.
Subscribed and sworn to before me this			,	, 19 <b>3.9</b>
				Notary Public.

Residing at Camptonville, Yuba Co, Callelof or \*If the father and mother are dead, and the next nearest kin signs the affidavit state that fact in the affidavit, indicating the relationship Mia the affiant, as brother, sister, cousin, etc.

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1. PLACE OF BIRTH County of Ada A664-121	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
city of mampa .00/236	$A oldsymbol{\Omega} G$
No not numbered st	
	on District No. State File No. 285378
·	gistration District NoLocal Registrar's No
2. FULL NAME OF CHILD HUGH FO	
3. Sex births 4. Twin, triplet, or other	Full term yes mate? yes 8. Date of birth October 21, 1891.  (Month, Day, Year)
name ALBERT Fouch.	18. Full MOTHER Theresa Isabella Stockton
(If non-resident, give place and State) Nanya, Sda	19. Residence (usual place of abode) (If non-resident give place and State) Nampa Idaho
11. Color or race White   12. Age at last birthday 39 (ye	ears) 20. Color or race White.   21. Age at last birthday 24 (years)
11. Color or race. 12. Age at last birthday 39 (yes 13. Birthplace (city or place). State of Delinois.  (State or Country)  U.S. F.	22. Birthplace (city or place). Crawford County.  7. (State or Country) missouri, USA.
14. Trade, profession, or particular kind of work done, as spinner, merchant sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind
15. Industry or business in which work was done, as silk mill, General Store sawmill, bank, etc.	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work in this work in this work	ent   C   25. Date (month and year)   26. Total time (years) spent
27. What prophylactic was used to prevent Ophthalmia Ne	
	irth and including this child)
	now living. 2. (b) Born alive but now dead. O. (c) Stillborn. O.
D. If stillborn, months or weeks	30. Cause of Stillbirth
	ING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who	was
When there was no attending physician	(Signed), M. D.
or midwife, then the father, householder, etc.,	
live name added from	or, Midwife
a supplemental report	Address
	Filed (CT 2.7 \ 939 , 193
Registrar.	Registrar.



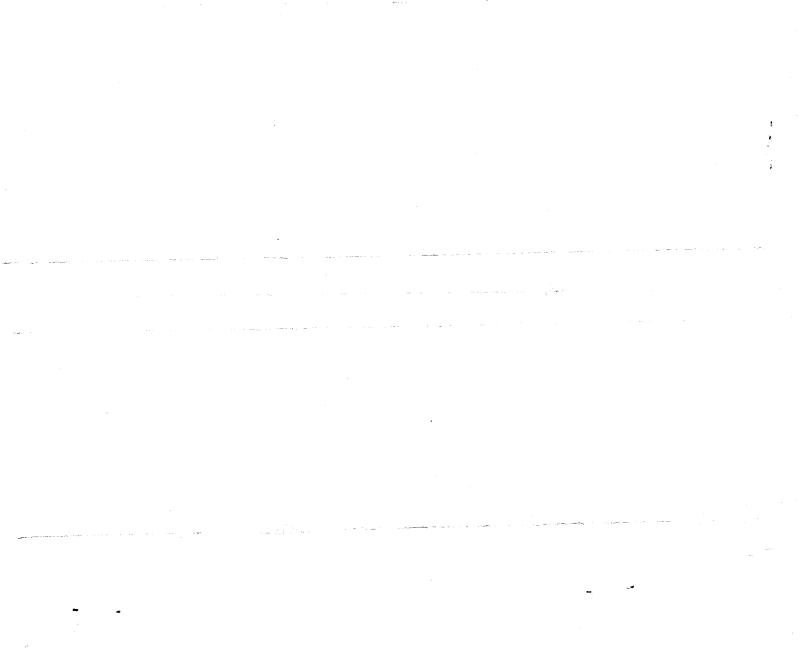
State of Idaho.	<b>\</b>	AFFIDAVIT
State of	Ss. when such cert	<ul> <li>a certificate of an unreported birth ificate is not attested by signature of cian or midwife.)</li> </ul>
Theresa Isabella Wi	lson	being first duly sworn says that
she is the mother		
(Relationship	of child)*	
born October 21, 1891 (Date of birth	at Nampa	, Idaho,
recorded under Chapter 139—1937 Ses	ached, and that <b>she</b> ssion Laws of Idaho; and affiant further states	desires to have the said birth that the facts contained in the certifi-
cate of birth of the said	h Pouch	
	Dr. Kohler	Michaile
	. HIION KOIION	
	_	and that
the said medical attendant is	deceased.	
	Name of Affiant Thursa (P. O. Address. 915- Wall	
	Name of Affiant Thursa Ca P. O. Address 915- Wall	

UNIN FOR HELD

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4432-224.00-619 187531 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of Baix 287531 **IGATE** OF BIRTH Registration District No. ......State File No. ...... Prim. Registration District No. .....Local Registrar's No. ..... (If born in hospital or institution give name.) McShane FULL NAME OF CHILD. Theles 8. Date of 7. Legiti-If plural [4. Twin, triplet, or other..... 6. Premature..... birth... births mate? MM 5. Number, in order of birth..... Full term (Month, Day, Year) 18. Full 9. Fulf FATHER MOTHER name maiden U name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State). [2011 (If non-resident, give place and State) 11. Color or race Attack | 12. Age at last birthday 16. (years) 20. Color or race 11 hite | 21. Age at last birthday 25 22. Birthplace (city or place) 13. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner. sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work. 10 4M in this work 10 USO defurn must ...... 19..... 27. What prophylactic was used to prevent Ophthalmis Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother months During labor 29. If stillborn, 30. Cause of Stillbirth ..... or weeks period of gestation..... Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was board aline at m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) \_\_\_\_\_, M. D. or midwife, then the father, hoseholder, etc., should make this return. child 8<sup>+</sup> Give name added from a supplemental report Address Filed 1960 Registrar. Registrar.



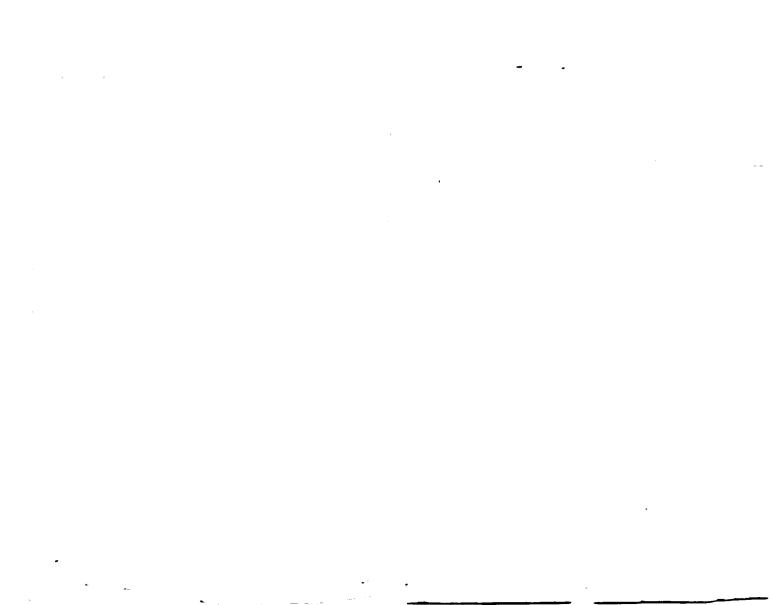
 A	JAN 8 1945
State of Alaha County of Boice	AFFIDAVIT  (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)  Description:
elic Mo Shame daughter (Relationship of child)*	of Luther Burchal Mc Shan
born 24, 1991 (Date of birth)	at Janu City, Idaho,
$\alpha$ $i$ $\gamma$ $c$	f Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said. Nucle Mc	hereto attached are true and correct
as stated therein, and that this birth has not been  Affiant further states that	previously recorded.  M. D. was the Midwife
medical attendant at the birth of said	Letie Mc Shane and that
the said medical attendant is	(Now deceased (or) cannot be located)
	of Affiant William Juther Mesher
P. O. A Subscribed and sworn to before me this	ddress Mayer Carpe Mby lia , 1939
	W. Charton Notary Public.
* If the father and mother are dead, and the next nearest kin	Regiding at



e than stated.	1. PLACE OF BRTH County of Latah	STATE OF IDAGO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
case of more	<b>  </b>	CEDMIEICAME OF DIDMIT	
ord ord	2. FULL NAME OF CHILD. Arlie Delos Deck		
W.E	3. Sex births {4. Twin, triplet, or other		
A PERMANENT RECORD. N. each, and the number of each,	9. Full FATHER name Joseph Hamlin Decker	18. Full MOTHER maiden Ida Bell McGrew	
TT F	10. Residence (usual place of abode) (If non-resident, give place and State MOSCOW, Ida)	19. Residence (usual place of abode) (If non-resident, give place and State) MOSCOW, Idaho	
SE the	11. Color or raceWhitle 12. Age at last birthday. 29(ye	20. Color or race White 21. Age at last birthday 26 (years)	
RMA and	13. Birthplace (city or place)		
	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill.	23. Trade, profession, or particular kind	
-THIS IS e made for	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year)  17. Total time (years) specific spec	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  25. Date (month and year)  Last engaged in this work 26. Total time (years) spent	
M O	O Diedaged in this work	nt   25. Date (month and year)   26. Total time (years) spent	
ರ≣∥	27. What prophylactic was used to prevent Ophthalmia New		
UNFADIN te Return	28. Number of children of this mother (At time of this bi	rth and including this child)	
first born (a) Born alive and now living (b) Born alive but now dead (c) Stillbo			
WITH UN Separate 1	29. If stillborn, period of gestation	30. Cause of stillbirth { Before labor	
Sep.		ING PHYSICIAN OR MIDWIFE	
ຯເຊ∥	I hereby certify that I attended the birth of this child, who	wasat m. on the date above stated.  (Born Alive or Stillborn)	
Qui " Ⅱ	When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.	(Signed) W. H. Carithers M. D.	
김병	Give name added from	or, Midwife	
chile	a supplemental report(Date of)	Address (1) (2) (2) (3)	
one one	Registrar.	Filed Feb. 20, 19610 May J. Stwood	



State of Idaho	)	(To accompany a cer	FFIDAVIT
State of Idaho County of Nez Perce		when such certificate attending physician or	is not attested by signature of midwife.)
Arlie Delos Decker		b	eing first duly sworn says that
he is the (Relationship of c	** Arlie	Delos Decker	
(Relationship of c	hild)*	.wx	
born April 18, 1891			
(Date of birth)			
whose certificate of birth is hereto attached recorded under Chapter 139—1937 Session	l, and that he Laws of Idaho; and affiar	t further states that th	desires to have the said birth e facts contained in the certifi-
cate of birth of the said Arlie	Delos Decker		
		heret	attached are true and correct
as stated therein, and that this birth has n	ot been previously recorde	<u>:d.</u>	
Affiant further states that	Dr. W. H. Cari	thers	M.D. was the
medical attendant at the birth of said	Arlie Delos De	cker	and that
the said medical attendant is Now	de <b>c</b> eased		
	(Nowac	deceased (or) cannot be	located)
	Name of Affiant	rlie Delas	Deene -
	P. O. Address 1223	- 3rd Street,	Lewiston, Idaho
Subscribed and sworn to before me th	his 19th day	of February	. 19 40
Subscribed and sworn to before me the		marul T	Source .
-			Notary Public.
	Danidin.	Lewiston	Idaho , Idaho.
* If the father and mother are dead, and the next no		_	•



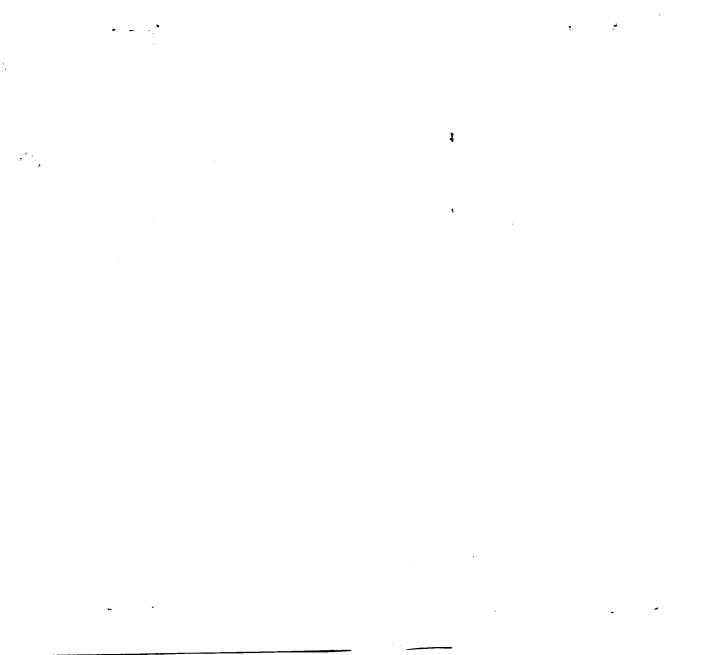
<b>De</b> partment of I Division of Vi' Bolse, Idaho		STATE OF IDAHO	Local Reg. NoReg. Dist. No		
REGI STRANT	1. Registrant's Full Name at Birth	2	2. Date (month) (day) (year)		
(Person whose Birth is being	ARLIE DELOS DECKE	R	Of April 18 1891.		
registered)	3. Color or Race 4. Sex white male Ida	of Birth a.County ho Latah	b.City or Town of Birth MOSCOW		
FATHER	6. Full Name of Father		7. State or Country of Father's Birth		
10THER	Joseph Hamlin Decke: 8. Full Maiden Name of Mother  Ida Bell McGrew	9	D. State or Country of Mother's Birth Illinois		
AFFI DAVI T	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrent	Lest 1101 26th Avenue Spokane 41, Washingt		
NOTARY (Seal)-	Subscribed and sworn to before me on  Novy 4 1955	12. Signature of Hotary	134 Notary Commission expires  1955		
	APPLI CAN	T- DO NOT WRITE BELOW THIS LIN	IE (Detaile Fearm		
SUPPORTING - RECORD 1-	Type of Document school record	UNIVERSITY OF IDAH Moscow, Idaho	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Class* B	Date of Birth Birth Place April 18 Moscow, Idaho	Full Name of Mother	Name of Father J. il. Decker		
SUPPORTING RECORD 2-	Type of Document statement re insurance record	By whom issued and signed NEW YORK LIFE INSU CO., New York #4 5	63 265 1914		
ClassB	Date of Birth Birth Place April 18 Idaho	Full Name of Mother  Ida B. Decker	Name of Father		
SUPPORTING RECORD 3-	Type of Document census record	By whom issued and signed DEPARTMENT OF COMM Bureau of the Ce	neue   11-17-541000 Tune 1		
ClassB	Date of Birth Birth Place April, 1891 9 years old Idaho	Full Name of Mother  Ida B. Decker	Joseph H. Decker		
QUALIFYING INFORMATION	affidavit by uncle, Mansfield C. McCrew; date of birth: April 18, birthplace: Moscow, Latah County, Idaho; Parents: 1891				
	Joseph Hamlin Decker  dated - 11-6-52  Ida Belle McGrew				
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
' (seal)	State Registrar	Evidence reviewed by	Date Filed November 4		
	12/1, 12 2 mm	Betty Waller	r November 4		

documents entered as supporting evidence - 11-4-55

P AON

A264-123,075 -081 N. B.—In case of more than each, in order of birth state? PLACE OF BIRTH STATE OF IDAHO PICEIVED DEPARTMENT OF PUBLIC WELFARE County of Jan BUREAU OF VITAL STATISTICS 2**9**1065 City of Souther APR 15 1940 CERTIFICATE OF BIRTH ...... (If born in hospital or institution give name.) Prin. Registration District No. ......Local Registrar's No..... 2. FULL NAME OF CHILD 7. Legiti-4. Twin, triplet, or other........... 6. Premature.... If plural 8. Date of 3. Sex births hirth 5. Number, in order of birth..... Full term..... number of mate?... 9. Full FATHER 18. Full MOTHER maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT each, and the 11. Color or race...... | 12. Age at last birthday......(years) 22. Birthplace (city or place)..... 13. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Ramuel sawyer, bookkeeper, etc. of work done, as housekeeper. for typist, nurse, clerk, etc. 24. Industry or business in which must be made work was done, as own home. lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING a Separate Return 28. Number of children of this mother (At time of this birth and including this child) months Before labor...... 29. If stillborn, or weeks 30. Cause of stillbirth..... period of gestation..... During labor...... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE TE PLAINLY child at birth When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. Give name added from Addiess WRITE One child Fild April , 1860 - - ' Registrar. Registrar,

INK



RECEIVED APR 15 1940 291065

State of Washington)
) SS
County of King )

Bert Southwick, being first duly swon on oath, deposes and says that he is the person named in and who filled out the attached Certificate of Birth for and on behalf of himself, that as stated in said certificate, he was born on August 3, 1891 at Southwick, Idaho and that at the said time, there was no regulations provided by the laws of the state of Idaho for registration of births and that he now makes this affidavit for the purpose of having his registration made in accordance with the laws now existing and that the facts stated in said certificate are true and correct to his best knowledge and belief.

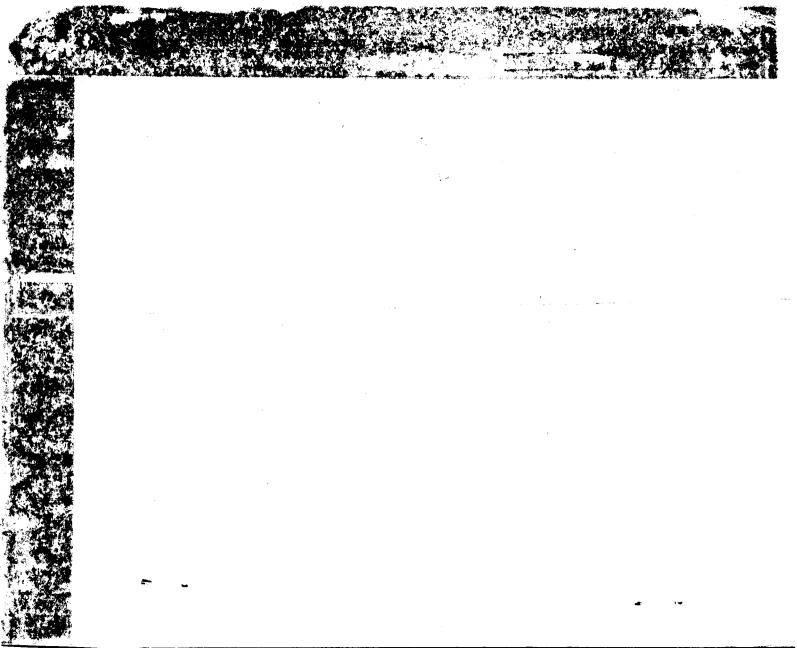
Bert Southwick

Subscribed and sworn to before me on this thirteenth day of April 1940.

Notary Public in and for the State of Washington, residing at Seattle.

<u>.</u> . - . .

ore than	County of 13 od Tenas.  County of 14 od Tenas.  County of 15 od Tenas.					
e of m	No					
cas er (	(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.					
n ord	2 FULL NAME OF CHILD Lillian Mary Geaudreau					
D. N. B. each, in	3. Sex Qivl births 4. Twin, triplet, or other 6. Premature 7. Legitibirth 5. Number, in order of birth 5. Full term 485 mate? 485 (Month, Day, Year)					
PERMANENT RECORD. ch, and the number of ea	9. Full FATHER  name George Geaudreau  10. Residence (usual) place of abode)  (If non-resident, give place and State) Penrith Wash  18. Full MOTHER  maiden name Kate Shelbayn  19. Residence (usual place of abode)  (If non-resident, give place and State) Penrith Wash					
NED the	11. Color or raceMhile   12. Age at last birthday44 (years) 20. Color or race					
RMAI and t	13. Birthplace (city or place).  (State or Country)  22. Birthplace (city or place).  (State or Country)  (State or Country)  (State or Country)					
-THIS IS A made for ea	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year)  17. Total time (work) growth and year)  18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year)					
INK- ust be	O last engaged in this work 17. Total time (years) spent   O last engaged in this work 26. Total time (years) spent   O last engaged in this work 26. Total time (years) spent   O last engaged in this work 26. Total time (years) spent   O last engaged in this work 26. Total time (years) spent   O last engaged in this work 26. Total time (years) spent   O last engaged in this work 26. Total time (years) spent   O last engaged in this work 27. Total time (years) spent   O last engaged in this work 26. Total ti					
NG m	27. What prophylactic was used to prevent Ophthalmia Neonatorum?					
E E	28. Number of children of this mother (At time of this birth and including this child)					
Fe E	(a) Born alive and now living (b) Born alive but now dead. Rounge(c) Stillborn Mark					
'H Ui	29. If stillborn, period of gestation are months or weeks or weeks 30. Cause of Stillbirth Before labor.					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE						
WRITE PLAINLY one child at birth a	When there was no attending physician or midwife, then the father, householder, etc., should make this return.  (Signed)  Or					
E F	Give name added from a supplemental report					
ch ch	$\begin{array}{ccc} \bullet & \bullet $					
WF	Registrar. Filed 70, 1950 Registrar.					



## DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Jdaho	AFFIDAVIT  (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife)			
County of KOOTEMAL	attending physician or midwife.)			
Dora McIntosh	being first duly sworn says that			
She is the Sister (Relationship of child)*	of Iillian Mary Geaudreau			
born Dayuayy 20 th 189  4Date of birth)	1 at Hish Take , Idaho,			
whose certificate of birth is hereto attached, and tha recorded under Chapter 139—1937 Session Laws of	thinkan Mary Geaudy endesires to have the said birth Idaho; and affiant further states that the facts contained in the certification.			
cate of birth of the said. A han YMAY	y Geaudreau			
as stated therein, and that this birth has not been previously recorded.				
Affiant further states that	M. D. was the Midwife			
medical attendant at the birth of said	and that			
the said medical attendant is	(Now deceased (or) cannot be located)			
	Affiant dova Mc Intosh			
P. O. Ad	dress Collect wash			
Subscribed and sworn to before me this	5 day of april 1940			
	Viela Lar			
	Residing at Aller Assets Tables			
* If the father and mother are dead, and the next nearest kin si	gns the affidavit, state that fact in the affidavit, indicating the relationship of the affi-			

ant, as brother, sister, cousin, etc.

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793115 038 23 29334 PLACE OF BIR STATE OF IDAHO RECEIVED County of Mes DEPARTMENT OF PUBLIC WELFARE each; and Tity of Lewests BUREAU OF VITAL STATISTICS MAY 2.3 1940 CERTIFICATE OF BIRTH Registration District No. State File N293349 (If born in hospital or institution give name.) Prim\_Registration District No. \_\_\_\_Local Registrar's No. Lyman Gilman 2. FULL NAME OF CHILD RANGO If plural 8. Date of A 3. Sex births 5. Number, in order of birth..... Full term \_\_\_ mate? 420 (Month, Day, Year) must 9. Full FATHER 18. Full MOTHER name maiden name manus devenua 10. Residence (usual place of abode) Xemistan 19. Residence (usual place of abode) (If non-resident, give place and State)..... (If non-resident, give place and State)..... 11. Color or race. | 12. Age at last birthday 24 (years) 20. Color or race 22. Age at last birthday. 19 (years) 13. Birthplace (city or place) of (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spiner, sawyer, bookkeeper, etc. Mara of work done, as housekeeper/ typist, nurse, clerk, etc. ...... OCCUPATION 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc.... lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) last engaged in this work 26. Total time (years) spent last engaged in this work 17. Total time (years) spent 늉 at in this work ...... 19 in this work...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ......(b) Born alive but now dead......(c) Stillborn...... months 29. If stillborn. period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE ð When there was no attending physician (Signed) Frances J. or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address Filed May , 1940 Registrar. Registrar.

RECORD.

PERMANENT

UNFADING

PLAINLY

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# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALT BUREAU OF VITAL STATISTICS

MAY 23 1940 AFFIDAVIT (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.) being first duly sworn says that (Relationship of child)\* (Date of birth whose certificate of birth is hereto attached, and that recorded under Chapter 139-1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said... .....hereto attached are true and correct as stated therein, and that this birth has not been previously recorded. Affiant further states that... medical attendant at the birth of said the said medical attendant is..... (Now deceased (or) cannot be located) Name of Affiant. P. O. Address. 12.2 21. Subscribed and sworn to before me this Residing at The Residence of the Residen

<sup>\*</sup> If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

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FEB 15

pan ted.	County of Jingham RECEIVED	STATE OF IDAHO  DEPARTMENT OF PUBLIC WELFARE  RUBBALL OF VITAL STATISTICS				
sta c	COMAND, Charge Transport of the Company of the Comp	BUREAU OF VITAL STATISTICS				
more th s	City of / Slacksfoot St. JUN 3 194	© CERTIFICATE OF BIRTH				
se or mo	No.	District NoState File No293400				
er o		ation District NoLocal Registrar's No				
orde	2. FULL NAME OF CHILD. Be SV !	Rapp				
ii.		le Data at				
Sach, i	3. Sex births 4. Twin, triplet, or other	remature 2 7. Legiti- ull term mate? Hs   8. Date of   189   birth 124   185   (Month, Day, Year)				
4 5	9. Full FATHER	18. Full MOTHER				
ber	name Vermell Ripp	maiden Carrie Rosalia Keeler				
number	10. Residence (usual place of abode) (If non-resident, give place and State) Blackfort, day	19. Residence (usual place of abode) (If non-resident, give place and State)				
the	11. Color or race Zohili   12. Age at last birthday 24 (years)	20. Color or race White   21. Age at last birthday 20 (years)				
	13. Birthplace (city or place) Caregon:	22. Birthplace (city or place) Lecompton				
and	(State or Country) Wesconsin	(State or Country) Kurwas				
each,	14. Trade, profession, or particular kind of work done, as spinner, Lawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.				
for	E 15. Industry or business in which	24. Industry or business in which				
de	work was done, as silk mill, sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc.				
se made	16. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent				
must be	Feb 24, 18-91, 19 in this work 3	Feb 24, 189/19 in this work				
ם פרק	27. What prophylactic was used to prevent Ophthalmia Neona					
turn m	28. Number of children of this mother (At time of this birth and including this child)					
Return		v living (b) Born alive but now dead(c) Stillborn				
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	29. If stillborn, months	30. Cause of Stillbirth { During labor				
i i	period of gestation	Before labor				
Separate	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
, d	I hereby certify that I attended the birth of this child, who was	(Born Alive or Stillborn)				
birth	When there was no attending physician					
A id	or midwife, then the father, householder, etc., should make this return.	igned) , M. D.				
를 ;	Cive name added from	, Midwife				
child	a supplemental report	ldress + 1				
H 0	(Date of)	led 06/3, 193.40				
ĕ	Begistrar.	Registrar.				
		The state of the s				

#### AFFIDAVIT

I Carrie K. Rapp, being first duly sworn, do attest and affirm, that on the 24th day of February, 1891, I gave birth to a female child, whom I named Beryl. Doctor Bailey was the attending physician, and Ers. Crawford was the attending nurse. My husband, Vermell Rapp, who died Sept. 28, 1928, was also present. This birth took place in the town of Blackfoot, Bingham County, Idano.

N Subscribed and sworn to at Los Angeles, California this 22nd.day of May 1940

1 1200

Notary Public

My Commission Expires June 11 142

	356-1201008-334					
ag g						
of more than birth stated	County of No oTe na ! RECEIVED DEPARTMENT OF PUBLIC WELFARE					
o d	City of Coevy Afere					
	NoSt. JUN 12 1940 CERTIFICATE OF BIRTH 293531					
f of	Registration District No. /20 State File No.					
D. N. B.—In case each, in order of						
	2. FULL NAME OF CHILD Slarge Clay Thomas W					
	3. Sex Male If plural 4. Twin, triplet, or other 6. Premature 17. Legitibirths 5. Number, in order of birth Full term 4. Twin, triplet, or other 6. Premature 17. Legitibirth 5. Number, in order of birth Full term 4. Twin, 20, 1891					
VT RECORD.	9. Full name George C. James Is. Full MOTHER maiden name amelia M. Sh Denis.					
Tun	10. Residence (usual place of abode)					
EN n	11 Color on man While to					
ANE						
PERMANENT ch, and the nu	(State or Country) Quelaris (au (State or Country) Hew Josh Wale.					
_	14. Trade, profession, or particular kind of work done, as spinner,					
	kind of work done, as spinner, sawyer, bookkeeper, etc.					
S IS	E 24. Industry or business in which					
-THIS made	work was done, as silk mill, sawmill, bank, etc. work was done, as own home, lawyer's office, silk mill, etc.					
F E	0   16. Date (month and year)   17. Total time (years) spent   0   25. Date (month and year)   26. Total time (years) spent					
INK-	last engaged in this work 17. Total time (years) spent last engaged in this work 26. Total time (years) spent					
	2001, 20 , 891 in this work 10 year					
UNFADING te Return m	27. What prophylactic was used to prevent Ophthalmia Neonatorum?					
	28. Number of children of this mother (At time of this birth and including this child)					
Red Red	(a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn					
I UN	29. If stillborn, months 30. Cause of Stillbirth During labor.					
LH.	period of gestation or weeks 30. Cause of Stillbirth Before labor					
WITH Separa	CERTIFICATE OF ATTENDING PLYSICIAN OR MIDWIFE					
ંત્ર જ	I hereby certify that I attended the birth of this child, who was stated					
birth	When there was no attending physician					
	or midwife, then the father, householder, etc., should make this return.					
l at	Give name added from					
child	a supplemental report Address Ellie Tulling Louis					
ပ	(Date of) Filed 6.5, 1980 A. L. Keusernike, The					
qo	Registrar. Registrar.					

<u>...</u> - 3.

# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of AFFIDAVIT  (To occurrence a contiferate of an unrenorted birth
State of (To accompany a certificate of an unreported birth when such certificate is not attested by signature of
County of attending physician or midwife.)
Mary 8. Viceston being first duly sworn says that
the is the survey of George Gay Transon
(Relationship of child)*
born Marquelle 20. 1891 at Calle Ollie, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that desires to have the said birth
recorded under Chapter 139-1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Sessas Clay I housen
as stated therein, and that this birth has not been previously recorded.
A P
Affiant further states that
medical attendant at the birth of said and that
the said medical attendant is New Weeks
(Now deceased (or) cannot be located)
Name of Affiant Mary & restare
Davis Da Ali Consa Dalata
P. O Address Could delle salle
Subscribed and sworn to before me this Luck day of day of 1940
tEAMele.
Address Publica
Duriding at Change of Day of The
Residing at Lace Q. Idaho.
* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affi- ant, as brother, sister, cousin, etc.



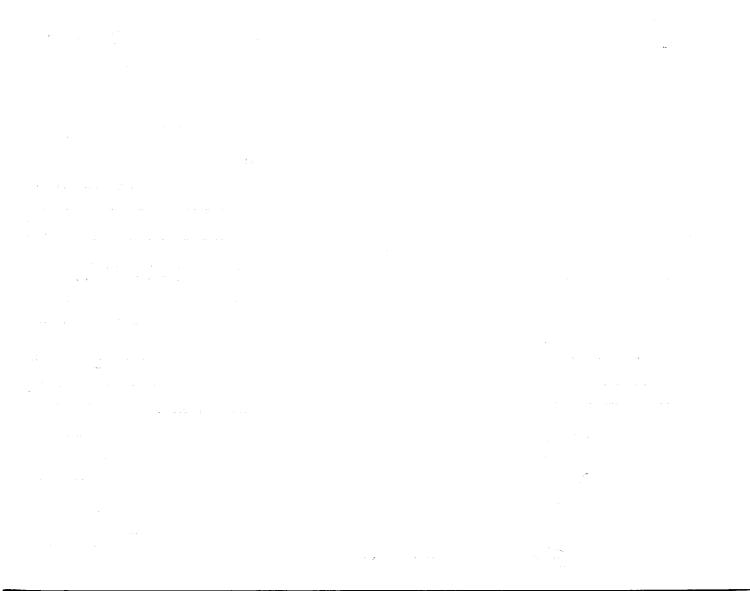
re than stated.	1. PLACE OF FIRTH  County of Walter  City of Walter	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				
case of more er of birth st	No. 304 1 1 104 () 69 St. Jukegistration D	CERTIFICATE OF BIRTH  district No. State File No. Local Registrar's No. / Loca				
In case	(If born in hospital or institution give name.) Prim. Registra	100 pt 100 pto				
W ii	3. Sex If plural 4. Twin, triplet, or other	ll term 7 mate? (Month, Day, Year)				
PERMANENT RECORD. N. ch, and the number of each,	9. Full name with though.	18. Full MOTHER MOTHER name Many & MOTHER				
NT R num	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)				
the	11. Color or race   12. Age at just birthday (years)	20. Color or race   21. Age at last birthday (years)				
and	13. Birthplace (city or place). (State or Country).	22. Birthplace (city or place)				
A ea	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.				
THIS IS made for	E  15. Industry or business in which   V	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.				
	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent				
iust	in this work	in this work				
INC II II	27. What prophylactic was used to prevent Ophthalmia Neonatorum?					
FAD	28. Number of children of this mother (At time of this birth (a) Born alive and now	living				
WITH UNFADING INK-Separate Return must be	29. If stillborn, months period of gestation	30. Cause of Stillbirth {Before labor				
Y WIT	I hereby certify that I attended the birth of this child, who was	PHYSICIAN OR MIDWIFE 30R m. on the date above stated.  (Born Alive or Stillberg)				
PLAINLY d at birth a	should make this return	gned) De Jeunoway - , M. D.				
P	Give name added from	Wallace Olk o				
WRITE Pone child		ed July 12, 1940 John a British				
WFone	Registrar.	Registrar.				



# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Short County of Short (Relationship of Short (Date of birth)	Janph of H	AFFIDAVIT  (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)  being first duly/sworn says that
whose certificate of birth is hereto attach recorded under Chapter 139 1937 Session cate of birth of the said		desires to have the said birth defiant further states that the facts contained in the certification with the certification of the certi
as stated therein, and that this birth has	not been previously recor	
Affiant further states that	Ar Genior	M. D., was the Midwife and that
the said medical attendant is	<u>U</u>	erell'
	Name of Affiant	ow deceased (or) cannot be located)  Adjusting Hampy  There is a second or the second
Subscribed and sworn to before me	17	day of July 640
	Res	siding at Wollow Eda, Notary Public.

<sup>\*</sup> If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affidavit, as brother, sister, cousin, etc.

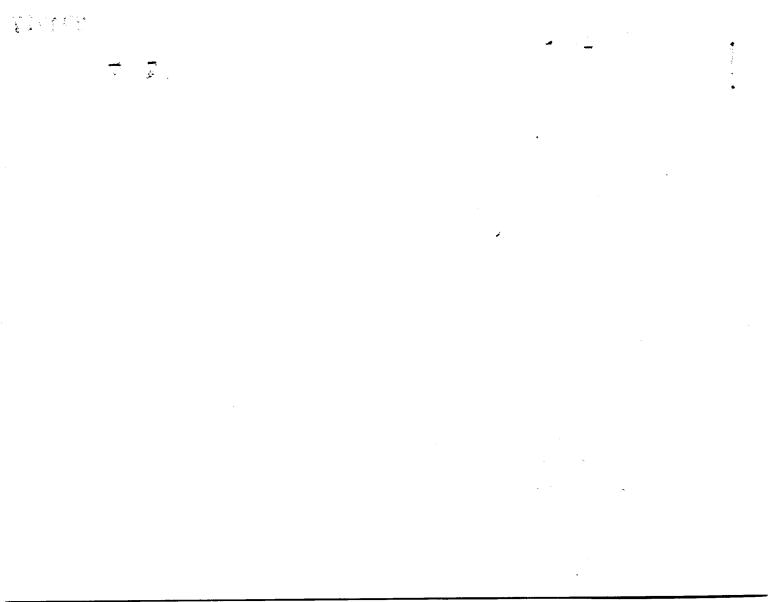


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re ti		Shookone		44 l to 1	יש פודוס	AU OF VITAL S		
nor F	H	mussay	RECE	IAET	CERI	CIFICATE O	F BIRTH	294977
of more	No.		St.	1 104	_			
Se ta	5/5	10/040-653		•				
ca der	(If born in ho	espital or institution give				To		s No
ord ord	2. FULL NAM	ME OF CHILD	GOLD	EN	' LAI	VE		
В		If plural (4. Twin, triple	et or other	6. Pre	mature	7. Legiti-	8. Date of	1891
ach,	3. Sex	1	order of birth	1		_ ^	birth M	107 / 198
PERMANENT RECORD. ch, and the number of ea	9. Full	FATHER	Order of birth	<u> </u>	18. Full		OTHER	th, Day, Year)
025	1 manus 1/16/4 m : 13/4			1	maiden name	_		E611
VT REC	10. Residence				10 Day 13 (	·	NTHIA bode) www	
F and	(If non-re	sident, give place and St			(If non-re	sident give plac	e and State)	
NE the	11. Color or re	acewhite   12. Age at	last birthday 50 (y		20. Color or ra	celvhite   2	1. Age at last bi	rthday <b>30</b> (years)
R.M.A and	13. Birthplace	(city or place) Prese	att Orlan	<u>-0</u>	22. Birthplace	(city or place)	Tresent	Orland
ER.	14 Trodo x	or Country) Can profession, or particular	ad-			r Country) (or pa	utionlan Irind	
A PE each,	kind of	work done, as spinner,	2011		of morle	done, as house urse, clerk, etc	ekeeper,	· · · · · · ·
IS /	# <u>~</u> '	bookkeeper, etc or business in which	war		typist, n	urse, clerk, etc or business in		any s
	Work w	as done, as silk moli, bank, etc.		.	work wa	s done, as own l	nome,	
-THIS	5 sawmill,	bank, etc.	cymuncy	<b>}</b>	lawyer's	office, silk mill,	etc.	<u> </u>
	last enga	nonth and year) aged in this work 17.	rotal time (years) sp	pent	last enga	onth and year) aged in this work	26. Total tin	ne (years) spent
INK Ist be	presen	1 lings	in this work Hage	احر	prese	& ting	in this v	vorkwhol lefe
NG DI	27. What prophylactic was used to prevent Ophthalmia Neonatorum?							
	28. Number of children of this mother  (At time of this birth and including this child)  (a) Born alive and now living							
UNFADING te Return m			(a) Born alive and	d now	living く	) Born alive but		
5.3	29. If stillborn,	, gestation	months or weeks	_	30. Cause of St	tillbirth	{	
HH 8	period of g			1			Before labor	
WITH Separa	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who wasat 12 2 m. on the date above stated.							
N g	1 nereby ce	ertify that I attended the	pirth of this child, wh	(	(Born Alive or	Stillborn)	/	
AINLY birth a		re was no attending ph nen the father, householde		(Sig	ned) LMA	ary.C	. Lan	<b>Д</b> , м. d.
ੇ⊢ਕ	should make t	his return.	,, J			11		, Midwife
E P	Give name add	ded from						
WRITE Pone child	a supplementa		ate of)					
WR			Registrar.	elru	aunea.L	<u>, 1242</u> 193	OW.T.A	Registrar.
. •	**							=

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# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HERETH

State of California			
County of San Benayo	Lus ss.	(To accompany a co when such certificat attending physician	AFFIDAVIT  rrifficate of an unreported birth  e is not attested by signature of
, Mary Cyni	hia fee	$2$ $\ell$	being first duly sworn says that
is the (Relationship of child)	· a. //	Jalden -	have
born (Date of birth)	, 1891 at	Murra	7, Idaho
whose certificate of birth is hereto attached, and recorded under Chapter 139—1937 Session Law	that sof Idaho; and affian	t further states that t	desires to have the said birth he facts contained in the certifi-
cate of birth of the said	alden t	ane	
as stated therein, and that this birth has not be	en previously recorded.	her	eto attached are true and correct
Affiant further states that	· · ·	know	, M.D. was the Midwife
medical attendant at the birth of said the said medical attendant is	galden	Lane	and that
*.	(Now de	ceased (or) cannot be	located)
	O. Address R.F.D.	THIGHL	AND CALIF
Subscribed and sworn to before me this		ence n	Howson 19.4
	Residing	Jan Be	Notary Public.
If the father and mother are dead, and the next the relationship of the affiant, as brother, sist	nearest kin signs the er, cousin, etc.	affidavit, state that	fact in the affiliavit, indicating



1. PLACE OF BIRTH County of Lincoln City of Shore		STATE OF I DEPARTMENT OF PU BUREAU OF VITAL	BLIC WELFARE STATISTICS	296195		
City of Shochore No.	stAUG -1 1940	CERTIFICATE	of birth 29	6195		
***************************************		istrict No	State File No			
(If born in hospital or institution give na	me.) Prim. Registra	tion District No	Local Registrar's No.			
2. FULL NAME OF CHILD Lallerne Mc Criess						
3. Sex Female If plural \{4. Twin, triplet, births \{5. Number, in or \}		emature	8. Date of birth gamus Month, Da	14 75-18 14 Year)		
9. Full name Charles Kimball	Mª Crum	,	MOTHER Nay McCum	<u>.</u>		
10. Residence (usual place of abode) (If non-resident, give place and State		19. Residence (usual place of (If non-resident, give p	abode) lace and State) Shoot	rone, Ida		
11. Color or race Whate 12. Age at la		20. Color or race. White				
13. Birthplace (city or place) Gall, O (State or Country)	ntario, Canada	22. Birthplace (city or place (State or Country)	) Lean, Jou	70.		
	ruggist	23. Trade, profession, or of work done, as ho typist, nurse, clerk, etc.	usekeeper, Hannaha	efor		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	rug Store	typist, nurse, clerk, etc typist, nurse, clerk, etc 24. Industry or business work was done, as own lawyer's office, silk mi 25. Date (month and year	nhome - /	lone		
150	al time (years) spent	iast engaged in this wi	ork 26. Total time (y	rears) spent		
ganuary, 1099 in	this work 16 years	ganuary, to	21 in this work	4 years		
27. What prophylactic was used to prev	ent Ophthalmia Neohat	orum?				
28. Number of children of this mother		and including this child)		w		
	(a) Born alive and now	living (b) Born alive b				
29. If stillborn, period of gestation	months or weeks	30. Cause of Stillbirth	During labor  Before labor			
CERTIFIC I hereby certify that I attended the bir When there was no attending physic	th of this child, who was	(Born Alive or Stillborn)	at / O-A m. on the date			
or midwife, then the father, householder, should make this return.	etc., }	gned) Mrs (Cour	, , , , , , , , , , , , , , , , , , ,			
Give name added from		4	Thung (	La Midwit		
a supplemental report(Date	Add	iress Rectificantl	Mary 4	1th		
	File	ed		MOOO		
	Registrar.	Will to I law.		Registrar.		



# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

e daha
State of AFFIDAVIT
ss. (To accompany a certificate of an unreported birth
County of when such certificate is not attested by signature of attending physician or midwife.)
attending physician of midwife.)
/// being first duly sworn says that
is the street of Malletine
(Relationship of child)*
born Jan 25-1891 at Shushon Idaho,
(Date of birth)
a he
whose certificate of birth is hereto attached, and that
cate of birth of the said An Mul My Cruc
Care of other of the said
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.
as stated therein, and that this birth has not been previously recorded.
Affiant further states that An Mulling M. D., was the
Da Kalelina
Affiant further states that M. D., was the Midwife
Affiant further states that An Mulling M. D., was the
Affiant further states that Mr. M. D., was the Midwife medical attendant at the birth of said of Mr. M. Crup medical attendant is the said medical attendant is
Affiant further states that Mn Milling M. D., was the Midwife medical attendant at the birth of said All Milling and that
Affiant further states that M. D., was the Midwife medical attendant at the birth of said M. D., was the Midwife and that the said medical attendant is (Now deceased (or) cannot be located)
Affiant further states that M. D., was the Midwife medical attendant at the birth of said M. D., was the Midwife and that the said medical attendant is (Now deceased (or) cannot be located)  Name of Affiant M. D., was the Midwife and that
Affiant further states that M. D., was the Midwife medical attendant at the birth of said M. D., was the Midwife and that the said medical attendant is (Now deceased (or) cannot be located)
Affiant further states that M. D., was the Midwife medical attendant at the birth of said M. M. M. D., was the Midwife and that the said medical attendant is (Now deceased (or) cannot be located)  Name of Affiant M. D., was the Midwife and that the said medical attendant is (Now deceased (or) cannot be located)  P. O. Address T. D. T. D. M. M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the M. D., was th
Affiant further states that M. D., was the Midwife medical attendant at the birth of said M. D., was the Midwife and that the said medical attendant is (Now deceased (or) cannot be located)  Name of Affiant M. D., was the Midwife and that
Affiant further states that M. D., was the Midwife medical attendant at the birth of said M. M. M. D., was the Midwife and that the said medical attendant is (Now deceased (or) cannot be located)  Name of Affiant M. D., was the Midwife and that the said medical attendant is (Now deceased (or) cannot be located)  P. O. Address T. D. T. D. M. M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and that the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the Midwife and the birth of said M. D., was the M. D., was th
Affiant further states that
Affiant further states that
Affiant further states that

<sup>\*</sup> If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



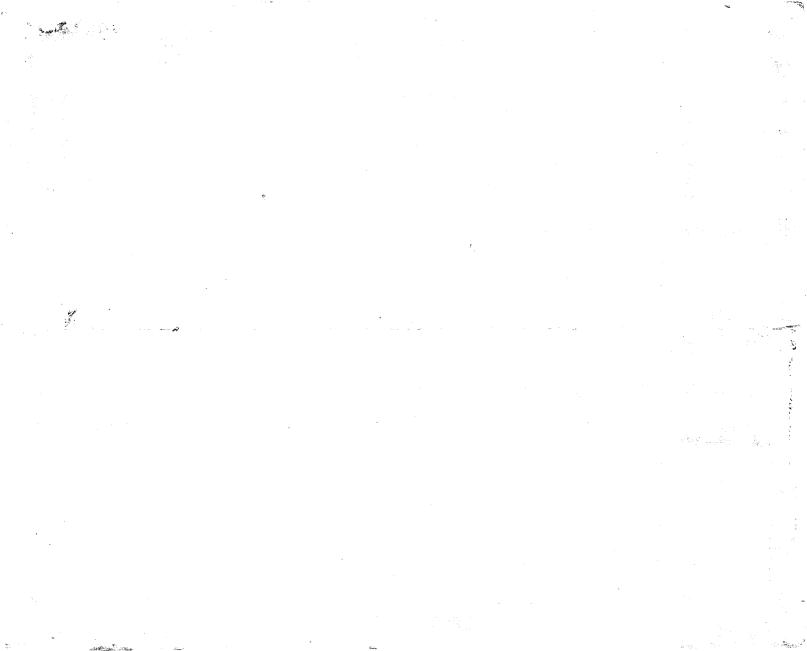
United States mation is as of date of birth of THIS child) Department of Commerce State File No.... Bureau of the Census Local Reg. No..... 38k- 2141030-238 STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF EARTH √ F 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) County Legisla (b) City June (c) Street Acidress or R.F.D. No...... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. 151 (e) Mother's stay BEFORE delivery: Of Lowe (e) How long has MOTHER lived in Idaho? 54 vrs. 3. RESIDENCE OF FATHER (city, state). 4. FULL NAME 5. Date of Birth (Month, day, year) 02.14.18 OF CHILD..... No. months Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? FATHER OF CHILD 16. FULL MAIDEN NAME Zaura 12. Age at time 17. Color or 11. Color of THIS birth...25....vrs. or Race ..... THIS birth...........years 19. Birthplace..... 13. Birthplace.... (City or town) 20. Exact 14. Exact Occupation Marse vo Occupation Tanala 15. Industry or 21. Industry or Business Business ..... (c) Born alive and now dead......(d) Stillborn..... and at the place stated above, and that personal particulars were furnished by......, who is related to this child as..... 25. Attendant's (Registrar's) signature M.D. or (D.O., Midwife, etc.) 27. Given name added and address Date State of Jdaho. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Ada I Laura Bell Thompson being first duly sworn, say that I am the mother to (Related to (or) acquainted with) Lillian Luana Thompson as my daughter whose birth certificate (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Frank Wright. M. D. who attended (Name of attendant at birth) said birth. i.s...now...deceased......and that this pirth has not been previously recorded. (Is now deceased (or) cannot be located) Boise, Ada County, Idaho, Route 2 P.O. Address anton Gardan Notary Public, residing at Boise Idaho. (SEAL) Bureau of Vital Statist

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

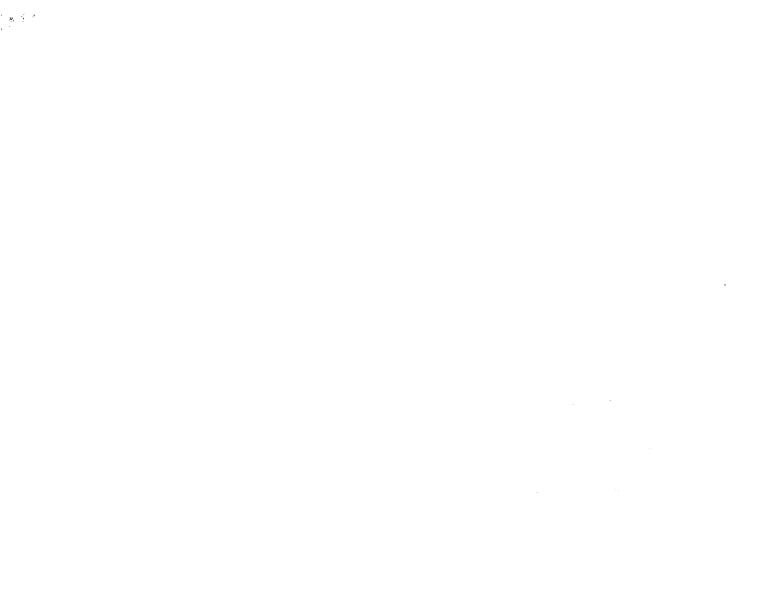
Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1412 1201 079 1717		The state of the s		
A415 206 029 213 place of birth		STATE OF	<b>І</b> ДАНО	296444
County of Jatah	, RECE	DEPARTMENT OF P	UBLIC WELFARE	726744
City of Moscon dda		BUREAU OF VIT.		~1
No 8		1940 CERTIFICATE	OF BIKTH	
4196 Amorano	 Registration	District No260	State File No.	***************************************
(If born in hospital or institution give name.	<i>(</i>	tration District No.	Local Registrar	's No. 1181
2. FULL NAME OF CHILD. Villea	u Manse	em		
If plural (4. Twin, triplet, or	other8.	Premature7. Legiti-	8. Date of	1.01
3. Sex  Female births 5. Number, in orde		Full term mate?	yes birth (M	onth, Day, Year)
9. Full FATHER name	1.	18. Full maiden Roke	MOTHER  Ca Palve	•
10. Residence (usual blace of abode)	noscow le	name  19. Residence (usual place (If non-resident, give	of shode)	ne
(If non-resident, give place and State)	moreon 1/4	(If non-resident, give	place and State)	scow ld
11. Color or race. 12. Age at last	birthday26 (year		<u> </u>	oirthday <b>2</b> 8.(yes
13. Birthplace (city or place) (State or Country)		22. Birthplace (city or plate) (State or Country)		
14. Trade, profession, or particular	ud	23. Trade, profession, or	New You	M, H, T,
kind of work done, as spinner,		I of work done on he	usekeeper,	
sawyer, bookkeeper, etc.	***************************************	<u>                                  </u>		renje
15. Industry or business in which work was done, as silk mill,	lerch a +	24. Industry or busines work was done, as		
Sawmin, Dank, etc.	my Goods	lawyer's office, silk	mill, etc	
16. Date (month and year) last engaged in this work 17. Total	time (years) spent	lawyer's office, silk 25. Date (month and ye last engaged in this	ar)	ime (years) sper
, 19 in this	work		9 in this	work
27. What prophylactic was used to prevent	Ophthalmia Neor	atorum?		
28. Number of children of this mother 2 (	At time of this bir	th and including this child)		**
(a	) Born alive and n	ow living <b>.2</b> (b) Born alive	but now dead	(c) Stillborn
29. If stillborn,	months	00 0 0	Before labo	)r
period of gestation	or weeks	30. Cause of stillbirth		or
COPTINICAT	THE OF A TYPE MINT	G PHYSICIAN OR MIDWI		
I hereby certify that I attended the birth				- dot- ob ot-t
	•	(Born Alive or Stillborn)	at III. OII TA	e uate apove stat
When there was no attending physician or midwife, then the father, hoseholder, etc	·,}	(Signed) Hymen n	anheim F	Father, #
should make this return.	,	or		
Give name added from a supplemental report	1	Address 601 W 1		
(Date of	!)		$\mathcal{L}$	· · · · · ·
	Rogistrar,	Filed, 19	40 Joneya	mhouse
	makmeret	e design of		Registra



# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS PECENTAL

State of New York All 15 1940  AFFIDAVIT  County of New York (To accompany a certificate of an unreported birth when such certificate is not attested by signature of
Hynen Mankein being first duly sworn says that
born afril 6 1891 (Date of birth) at Mascow , Idaho,
whose certificate of birth is hereto attached, and that
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.
Affiant further states that
the said medical attendant is
P. O. Address 601 W 180 ST N TC Subscribed and sworn to before me this 5 th day of aug 19 Y O
Notary Public.  Residing at
* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Betsare-the information is as of date of birth of THIS child) State File No. Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (c) Street Address or R F.D No..... (c) City. Jahren (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has **MOTHER** lived in Idaho?....vrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address. In Hosp. or Mat. Home.....days. In THIS county......years.....months.....days. 4. FULL NAME 5. Date of Birth (Month, day, year). OLT 11 1891 OF CHILD Dowly Merritt If so-born 8. No. months 1st, 2nd, 3rd Triplet of Pregnancy 9. Legitimate? 440 FATHER OF CHILD MOTHER OF CHILD FULL MAIDEN E MAME 16. FULL MAIDEN 12. Age at time 17. Color or 11. Color or Race Wha Race.....W.W. of THIS birth. 2.7....vrs. THIS birth.......vears Fort Budger Wyomme 19. Birthplace .... 13. Birthplace... (State or foreign Country) Exact Occupation House wife 14. Exact 20. Exact Occupation...... 21. Industry or 15. Industry or Business ..... Business 23. Number of children of this mother: (a) At time of birth and including this child....... (b) Born alive and now living........ (c) Born alive and now dead...... (d) Stillborn...... 24. I HEREBY CERTIFY That I attended the birth of this child, who was. (born alive, stillborn) related to this child as..... (Mother, etc.) 26. (a)......(b)..... 25. Attendant's Attendant's

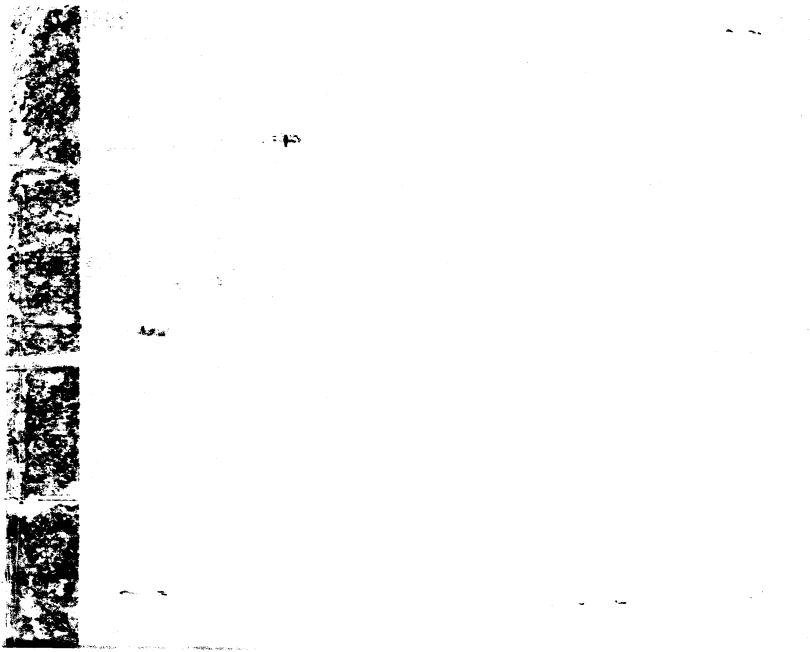
OWN signature......M.D. or.....(D.O., Midwife, etc.) (Date received) (Registrar's signature) 27. Given name added on.....by.....(Registrar's signature) and address Date State of California **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Los Angeles I Emma Merritt Gilmer being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Dorothy Merritt Gilmer as \_\_\_\_\_ , whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. C. Whitwell ...., who attended (Name of attendant at birth) is now deceased .....and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) .....P. O. Address .....day of.... Luttary Public, residing at Sauta No.

Nov. 16, 194'

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



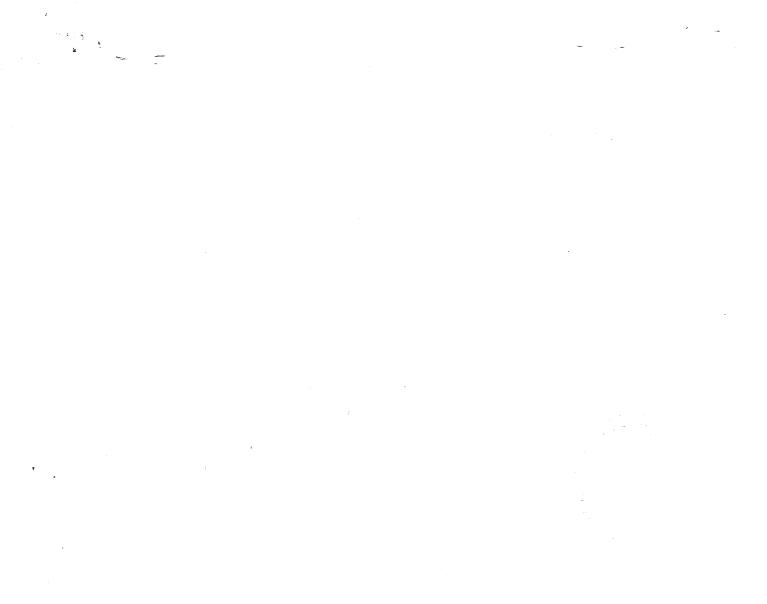
#### DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VETAL STATISTICS

	AUG 151		
State of California		AFFIDA	VIT
County of Los Angeles		To accompany a certificate hen such certificate is not ttending physician or midw	attested by signature of
Carolina Welvina	Baird Smith	being fi	rst duly sworn says that
she is the mother (Relationship of	of Mary E	lizabeth Baird	
	+		
born May 24th, 1891 (Date of birth)	at Soc	da Springs, Id	aho Idaho,
whose certificate of birth is hereto attach recorded under Chapter 139—1937 Sessio	ed, and that	desire	s to have the said birth contained in the certifi-
cate of birth of the said	Elizabeth Baird		*. 
			ahad are true and correct
as stated therein, and that this birth has	not been previously recorded.	nereto atta	ched are true and correct
Affiant further states that Na	me not recalled (	midwife)	, M. D., was the
medical attendant at the birth of said	Mary Elizabeth Bai;	rđ	
	wam daasaaa		
the said metros attendant is	Coschias (Mediant Mame of Affiant	ased (or) cannot be located bring Harrd	'Smith
		82nd Place, Los	
Subscribed and sworn to before me	this day of	August	19 4 0
	Sh	Earl Co	~
	•		Notary Public.
	Paciding a	. Los Angeles.	alifornia. Tom

\*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affidavit, as brother, sister, cousin, etc.

Mw Commission Expires Feb 25 1943

My Commission Expires Feb. 25, 1943



437-2041640-65 (Be sure the information is as of date of birth of THIS child) State File No. 297859 United States Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) 1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace (a) State Idaho (b) County Shoshone (c) City. Wallace (d) Name of Hospital or Maternity Home: Born at home (e) How long has **MOTHER** lived in Idaho?.....2....yrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address. Wallace. Idaho... In Hosp. or Mat. Home ......days. 3. RESIDENCE OF FATHER (city, state)...Wallace..... In THIS county ...... years ..... months ......days. 5. Date of Birth 4. FULL NAME of CHILD Alice McDonald (Month, day, year)...Dec....4....1891 If so-born 8. No. months 7. Twin or of Pregnancy Nine 9. Legitimate? Yes 1st. 2nd. 3rd 6. Sex. Female Triplet MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN 10. FULL David Roe McDonald NAME Mary O'Neill 18. Age at time of THIS birth......27...years 12. Age at time 17. Color or White 11 Color White of THIS birth...29.....vrs. or Race ...... 20. Exact 14. Exact Occupation Railroad Engineer Occupation Housewife 21. Industry or 15. Industry or Business Railroad Business..... related to this child as.....(Mother, etc.) 25. Attendant's Attendant's

OWN signature......M.D. or.....(D.O., Midwife, etc.) (Registrar's signature) 27. Given name added on Vital Stati (Registrar's signature) and address State of California **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Los Angeles I Mary A. McDonald being first duly sworn, say that I am related to (or) acquainted with Alice McDonald as her mother (Related to (or) acquainted with) whose birth certificate (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) nasy a. Mayonald Name 253 Pine Ave., Long Beach, Calif. P.O. Address Subscribed and sworn to before me on this 20th day of August 1940 NOTARY PURISC IN MICHAEL TO BE ALL LONG Beach, Calif. (SEAL) of Les Angeles. State of California. My Commission Expires July 2, 1941

(1937 Session Laws, Chapter 139, Section 4)

(Be sure the information is as of date of birth of THIS child) Department of Commerce
Bureau of the Census State File No..... CERTIFICATE OF BIRTH Local Reg. No. STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTHAUG 28 1940 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) CountyBingham (b) City.Eagle.Rock (a) State...Idaho......(b) County...Bingham..... (c) City.Eagle.Rock.now.Idaho.Falls..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No....Ranch..... (e) How long has MOTHER lived in Idaho?....4......vrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address... Eagle Rock In Hosp, or Mat. Home,.....days. In THIS county. 4.....years.....months......days. 4. FULL NAME 5. Date of Birth (Month, day, year)July 30th 1891 OF CHILD DeForrest Gordon Briggs -8. No. months If so-born 7. Twin or Triplet 1st. 2nd. 3rd of Pregnancy 9 mo 9. Legitimate? Yes 6. Sex. Male MOTHER OF CHILD FATHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Isabell Williamson Gordon Briggs .... NAME Burdice James Briggs 17. Color or Race....White 18. Age at time of THIS birth....23.....years 12. Age at time or Race White of THIS birth....39.....yrs. 19. Birthplace Castle Douglas, Scotland. 13. Birthplace Bellvieu Nebraska (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation Attorney at Law Occupation House Wife 21. Industry or 15. Industry or Business Business ..... twood 25. Attendant's (b) // (W Attendant's

OWN signature......M.D. or......(D.O., Midwife, etc.) (Date received) and address State of Washington **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Kitsap (Related to (or) acquainted with) DeForcest Gordon Briggs as Uncle (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Larua (Name of attendant at birth) 13nao8 Name ..........Notary Public, residing at .... Prancelous Coul

(1937 Session Laws, Chapter 139, Section 4)

(Be sure the information is as of date of birth of THIS child) Department of Commerce State File No..... CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... , 2. USUAL RESUDENCE of MOTHER: (Always fill in these) 1. PLACE OF BIRTH (a) County/Jung/Lens... (b) City/JL.Q.C. (a) State Quality Singh (uni (c) Street Address or R.F.D. No..... (c) City Blackfort (d) Name of Hospital or Maternity Home: (e) How long has MOZHER lived in /Idaho?.. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address. Machine In Hosp, or Mat. Home.....days. 3. RESIDENCE OF FATHER (city, state) State of the In THIS county......years....months.....days. 5. Date of Birth (Month, day, year)..... OF CHILD. 8. No. months 7. Twin or 9. Legitimate? 1st./2nd, 3rd of Pregnancy Triplet MOTHER OF CHILD FATHER OF CHIED 16. FULL MAIDEN NAME..... 18. Age at time of -12. Age at tizze 17. Color or / 11. Color or Race L of THIS/birth Race.....L 19. Birthplace. (State or foreign country) 20. Exact 14. Exact Occupation... Occupation... 21. Industry or 15. Industry or Business...... Business ..... (c) Born alive and now dead...... (d) Stillborn..... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) 25. Attendant's Attendant's

OWN signature......M.D. or......(D.O., Midwife, etc.) eau of 27. Given name added Date (Registrar's signature) and address AFFIDAVIT To be completed when the attendant at birth is State of .. & NOT LIVING or CANNOT BE LOCATED. ...., being first duly sworn, say that I am.... (Related to (or) acquainted with) (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session) Laws and that the facts contained therein are true to the best of my knowledge. I further state that the facts (Name of attendant at birth) and birth and that this birth has not been previously recorded. whose birth certificate (Is now deceased (or) cannot be located) BITS FOR CREGON Subscribed and sworn to before me on this

(1937 Session Laws, Chapter 139, Section 4)

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135 130032643 PLACE OF BIRTH STATE OF IDAHO of more than birth stated DEPARTMENT OF PUBLIC WELFARE Q 48 1/8 County of Fincoli BUREAU OF VITAL STATISTICS SEP 7 City of Strolune 1940 CERTIFICATE OF BIRTH Registration District No. 430 State File No. 298118 case (er of Prim. Registration District No. .....Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... 8. Date of If plural [4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_\_\_ 7. Legitibirth May 30 births 5. Number, in order of birth..... Full term mate? (Month. Day, Year) MOTHER 9. Full 18. Full name . maiden name 10. Residence (usual place of abode) Methodist Parsonato. Residence (usual place of abode)
(If non-resident, give place and State) Shahone Odah (If non-resident, give place and state) (If non-resident, give place and State) 11. Color or race White 12. Age at last birthday 26 (years) 20. Color or race Walle 21. Age at last birthday 2 7 (years 13. Birthplace (city or place) Braddock 22. Birthplace (city or place)..... (State or Country) Jerre (State or Country) 14. Trade, profession, or particular mithoc kind of work done, as spinner, 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. / Loual sawyer, bookkeeper, etc. munister 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work May 30, 48 81 may 30 (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ During labor..... 29. If stillborn. months 30. Cause of Stillbirth period of gestation..... or weeks Before labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 12 am. on the date above stated. (Born Alive or Stillborn) When there was no attending physician, or midwife, then the father, hoseholder, etc., (Signed) . should make this return. ....., Midwife Give name added from Address New Hortland a supplemental report (Date of) Registrar.



## STATE OF IDAHO

# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of AFFIDAVIT  (To accompany a certificate of an unreported birth
County of St. 1940 ss. (10 accompany a certificate of an unreported first when such certificate is not attested by signature of attending physician or midwife.)
Jessu Faliyander being first duly sworn says that
She is the marker of Pressell Tawel alexander
(Relationship of child)*
born May 30 1891 at Shothone, Idaho,
whose certificate of birth is hereto attached, and that Justie Fallyandia desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idato; and affiant further states that the facts contained in the certifi-
cate of birth of the said Pussel Lawrel Alexander
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.
Affiant further states that I do not remember have of M. D. was the
medical attendant at the birth of said.  Pussell Lowel Alexander and that
the said medical attendant is
Name of Affiant Lesset flexander
P. O. Address New Hartford, n.y.
Subscribed and sworn to before me this 31 day of September, 1940
Tronge of Healy
Residing at Mew Harrfard N. Y. Hinker
If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affi- ant, as brother, sister, cousin, etc.

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(Be sure the information is as of date of birth of THIS child) Department of Commerce State File No..... CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BERTH: 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) County & Btas (b) City May (a) State Salko (b) County Talah (c) Street Address or R.F.D. No. // mile Math. (c) City 1/ miles from Tray (d) Name of Hospital or Maternity Home: (d) Street Address or K.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address..... In Hosp, or Mat. Home.....days. 3. RESIDENCE OF FATHER (city, state) In THIS county.....vears....months.....days. 4. FULL NAME 5. Date of Birth OF CHILD Deathice (Month, day, year) [114. 22. 1891 7. Twin or If so-born 8. No. months 1st. 2nd. 3rd 6. Sex. Vema Triplet of Pregnancy 9. Legitimate? 4 FATHER-OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME NAME..... 18. Age at time of 17. Color or 11. Color 12. Age at time of THIS birth. THIS birth......years or Race ... Race...... 19. Birthplace....(City or town) 13. Birthplace..... (City or town) (State or foreign country) (State or foreign country) 14. Exact 20. Exact Occupation Latmes Occupation Manual 15. Industry or 21. Industry or Business ..... Business (c) Born alive and now dead...... (d) Stillborn...... and at the place stated above, and that personal particulars were furnished by......, who is related to this child as,.....(Mother, etc. 25. Attendant's Attendant's OWN signature......M.D. or.....(D.O., Midwife, etc.) Of WatResistrar's signature) 27. Given name added on by (Registrar's signature) and address Date State of.... AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of being first duly sworn, say that I am..... (Related to (or) acquainted with) athe ...... whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) (Is now deceased (or) cannot be located) .....P. O. Address Subscribed and sworn to before EX-OFFICIO AUDITOR AND RECORDERY Public, residing at (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

618107001-367 (Be sure the information is as of date of birth of THIS child) United States l COMPLETED certificate filing. No charge for filing. **Department of Commerce** CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State daho (b) County ada (c) Street Address or R F.D No. Bairy Farm (c) City Near City of Borse (d) Name of Hospital or Maternity Home (d) Street Address or R.F.D. No..... (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. (f) Mother's mailing address. Boise da 3. RESIDENCE OF FATHER (city, state). Boise. In THIS county......years.....months.....days. Date of Birth (Month, day, year)..... 8. No. months If so-born Twin or 6. Sex. Male. 9. Legitimate? 4 1st, 2nd, 3rd of Pregnancy Triplet MOTHER OF CHILD 17. Color or W 18. Age at time of 11. Color THIS birth ..... or Race ... THIS birth. 19. Birthplace.... 13. Birthplace... (State or foreign country) (City or town) 20. Exact 14. Exact Daire Occupation ...... Occupation.. 21. Industry or 15. Industry or Business Business ..... (c) Born alive and now dead...... (d) Stillborn..... and at the place stated above, and that personal particulars were furnished by......, who is related to this child as..... Lwood 25. Attendant's Attendant's

OWN signature......M.D. or.....(D.o., Midwife, etc.) (Registrar's signature) and address Date (Registrar's signature) AFFIDAVIT To be completed when the attendant at birth is State of ..... Idaho NOT LIVING or CANNOT BE LOCATED. County of ......Ada (Related to (or) acquainted with) Donald Clarence Waymire as Uncle , whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) S.N. Naymurl Name Subscribed and sworn to before me on this......17th.....day of......September....1940...... And Public, residing at.... (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

693-228-035-214 (Be sure the information is as of date of birth of THIS child) United States Department of Commerce State File No..... CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) 1. PLACE OF BIRTH: (a) State......(b) County..... (c) Street Address or R.F.D. No. (c) City..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address..... In Hosp, or Mat. Home.....days. 3. RESIDENCE OF FATHER (city, state)..... In THIS county.....vears....months.....days. 4. FULL NAME 5. Date of Birth (Month, day, year). Oelojus 28,1891 Deres de of Child...... 7. Twin or If so-born 8. No. months 1st, 2nd, 3rd of Pregnancy 9. Legitimate? **UL**) 6. Sex. 1 Triplet FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN 10. FULL NAME..... 17. Color or 18. Age at time of 4.2 years 12. Age at time 11. Color of THIS birth....yrs. Race..... or Race ... 19. Birthplace..... (State or foreign country) 14. Exact 20. Exact. Occupation Y Occupation .... 21. Industry or 15. Industry or Business Business ..... related to this child as. 7. 1. 26. (a) (b) // (al 25. Attendant's (Registrar's signature) OWN signature. (D.O., Midwife, etc.) 27. Given name and address J AFFIDAVIT To be completed when the attendant at birth is NOT LIVING OF CANNOT BE LOCATED. being first duly sworn, say that I am..... (Related to (or) acquainted with) Rome Williams Sis LM. whose birth certificate (State relationship or acquaintance)
applears above, and that I desire to have the said birth recorded under Chapter 139, 1937 bession Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) , who attended said birth. (Is now deseased (or) cannot be located) .....and that this birth has not been previously recorded. P. O. Address Subscribed and sworn to before me on this tic, residing at Wood iel

(1937 Session Laws, Chapter 139, Section 4)

365-220-00184 2083C1 (Be sure the information is as of date of birth of THIS child) COMPLETED certificate filing. No charge for filing. State File No..... **Department of Commerce** CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) 1. PLACE OF BIRTH: (a) County...Ada.....(b) City..Mer.idian..... (c) Street Address or R F.D No..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address..... In Hosp. or Mat. Home.....days. 3. RESIDENCE OF FATHER (city. state)....Meridian.Ida In THIS county.....years....months.....days. 5. Date of Birth 4. FULL NAME (Month, day, year) June 20. 1891 OF CHILD. Irene May Lovelace If so-born 8. No. months 7. Twin or 1st, 2nd, 3rd of Pregnancy 9. Legitimate? Yes 6. Sex. Female Triplet MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN 10. FULL NAME Charles Sumner Lovelace NAME Ada Blanche Humphrey 18. Age at time of 17. Color or 12. Age at time THIS birth...23.....years or Race ......white..... Race....white of THIS birth...34.....yrs. 20. Exact 14. Exact Occupation Farming & Blacksmith Occupation Harris 12 2 21. Industry or 15. Industry or Business School Teacher Business ..... 22. Name prophylactic used to prevent Ophthalmia Neonatorum ..... Number of children of this mother: (a) At time of birth and including this child.....3.... (b) Born alive and now living....3.... (c) Born alive and now dead...... (d) Stillborn..... stwood<sub>5</sub>. Attendant's (Registrar's signature) Attendant's
OWN signature......M.D. or......(D.O., Midwife, etc.) and address Date (Registrar's signature) Idaho **AFFIDAVIT** To be completed when the attendant at birth is State of..... NOT LIVING or CANNOT BE LOCATED. County of Ada I,... Blanche H. Tallinger....., being first duly sworn, say that I am.... related to (or) acquainted with) Irene May Lovelace as Mother , whose birth certificate (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that......the father who attended (Name of attendant at birth) ake It Sallinger Name Subscribed and sworn to before me of this 21, day of September, 1940 Notary Public, residing at...

(1937 Session Laws, Chapter 139, Section 4)

8/6/10 001:336 (Be sure the information is as of date of birth of THIS child) United States certificate. Mail COMPLETED certificate Boise, Idaho, for filing. No charge for filing. State File No. 22. **Department of Commerce** CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) 1. PLACE OF BIRTH: (c) Street Address or R F.D No..... (c) City.....Boise (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address..... In Hosp, or Mat. Home.....days. 3. RESIDENCE OF FATHER (city, state).....Boise.....Ida. In THIS county.....years....months.....days. 5. Date of Birth 4. FULL NAME OF CHILD......Howard Earl Haworth (Month, day, year)....June...10....1891... If so-born 8. No. months 7. Twin or 9. Legitimate? Yes\_\_ 1st. 2nd. 3rd of Pregnancy 6. Sex. Male Triplet MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN
NAME Emma May Lewis
17. Color or 18. Age at time of THIS birth...25.....years 10. FULL NAME Sylvanus Haworth 12. Age at time or Race .....white..... of THIS birth...26.....yrs. 20. Exact 14. Exact Occupation Farmer Occupation Housewife 21. Industry or 15. Industry or Business..... Business ..... (c) Born alive and now dead...... (d) Stillborn..... related to this child as....(Mother, etc.) 26. (a)...Sept...4...1940...... (b). Mae G. Atwood...... (Registrar's signature) 25. Attendant's 27. Given name added on.....by.....(Registrar's signature) Date and address AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Ada appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts (Name of attendant at birth) said birth and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located) Ster, Idaho P.O. Address Subscribed and sworn to before me on this 4th day of September 1940 the Conflete M. Notary Public, residing at Dowie (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

to the second

### STATE OF IDAHO

C.A.Bottolfsen

K. GOVERNOR

# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of	Californ	ia		)	(To acco	AFFIDAVIT	
County of Los Angeles			} ss.	(To accompany a certificate of an unreported when such certificate is not attested by signatu attending physician or midwife.)		sted by signature of	
	Hannah .	Jane Burne	t <b>.t</b>			being first d	aly sworn says that
she	is the		of				•
	1s the	(Relationship of c	01 hild)*				
_	Tune 14			_4	An	telop <b>e</b>	Y 3-2
born	(Date of bi	htp)	•••••••	at			, Idano,
whose cer recorded	rtificate of hirth	n is hereto attache	d, and that Laws of Idaho; a	she and affiant	; further s	desires t	o have the said birth tained in the certifi
cate of b	irth of the said	Haze	1 Bell Bur	nett	*****	·	
						hereto attached	are true and correct
as stated	therein, and th	at this birth has no	ot been previously	r ecorded.	· • • • • • • • • • • • • • • • • • • •	nereto attacheu	are true and correct
						nd	M. D. was the Midwife
medical a	attendant at the	birth of said	Hazel Bel	1 Burr	ett		and that
		nt is				deceased (or) cannot be	
			Name of Afflant	Hann	-	and Burneto	
			P O Address	18723	Erwi	n St. Reseda (	California
Subs	scribed and swo	rn to before me th	~ 3.0 M	day_of	Γ.Fe	bruary Ald Muu	39
					Dhu	eld Mun	M
				, ,		mmission Expires Novem	Notary Public.
*If the affiant	the father and moti , as brother, sister,	her are dead, and the	next nearest kin sign	the affida	vit, state th	at fact in the affidavit, indic	ating the relationship of



433-216,014-834 (Be sure the information is as of date of birth of THIS child) Department of Commerce State File No..... CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... RECEIVEN STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH: 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) County...Canyott....SEP CO. 1884.M.ELL... (a) State... I.daha...... (b) County... Ca.M. Mah..... (c) Street Address or R F.D No..... (c) City Emmett (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? .....yrs. (e) Mother's stay BEFORE delivery: In Mayor or Mat. Home days. at house 3. RESIDENCE OF FATHER (city, state) Eliment, Lake In THIS county......years.....months......days. 4. FULL NAME 5. Date of Birth OF CHILD Ellen Mc Crossin (Month, day, year). Oct. 16.1891 8. No. months 7. Twin or of Pregnancy 9 9. Legitimate? Yes 6. Sex. Female Triplet 1st. 2nd. 3rd FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME PAMIE STATUTE McCrus 18. Age at time of THIS birth...years 12. Age at time 17. Color or or Race WHITE Race White 13. Birthplace. Emmett 20. Exact 14. Exact. Occupation Farmer Occupation Hause wife 21. Industry or 15. Industry or Business ..... Rusiness.... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....(Mother, etc.) (Date received)

(Date received)

(Registrar's signature) 25. Attendant's Attendant's

OWN signature......M.D. or......(D.O., Midwife, etc.) and address Date State of Idaho AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Gem John B. Davies , being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Ellen McCrossin as a Friend
(Name of person on certificate above) (State r (Related to (or) acquainted with)
....., whose birth certificate (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr.S. Ellion Dayles who attended (Name of attendant at birth) said birth....18...10W...de.Cassed......and that this birth has politice previously, recorded. (Is now deceased (or) cannot be-located) Emmett, Idaho P.O. Address Subscribed and sworn to before the on this. Q (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

# APR 20 19021

\_24er 0 & A9A

751-2021029-442

the affiant, as brother, sister, cousin, etc.

# STATE OF IDAHO BARZILLA W. CLARK, GOVERNOR

# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Rano Creyou	SS. (To accompany a certificate of an unreported birth					
County of Justin Mullinomake	when such certificate is not attested by signature of attending physician or midwife.)					
Mrs. Johanna Pearson	being first duly sworn says that					
she is the mother of	Esther Marie Pearson					
born. Aug. 2, 1891 (Date of birth)	atGenesee, Idaho, Idaho,					
whose certificate of birth is hereto attached, and that MrsJohannaPoarsondesires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi						
cate of birth of the said Esther Marie Pearson						
as stated therein, and that this birth has not been previously recorded.						
Affiant further states that						
medical attendant at the birth of said.	and that					
the said medical attendant is	(Now deceased (or) cannot be located)					
	Mrs Jahans la Viarione					
Subscribed and sworn to before me this.						
My Com- of first frame 1 1940	Residing at Tartland, Creyon, Institute of the affidavit, state that fact in the affidavit, statisting the relationship of					

All n I y who,

384-114.008-219 (Be sure the information is as of date of birth of THIS child) State File No. 239968 United States Department of Commerce CERTIFICATE OF BIRTH 299968 Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH: 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (c) Street Address or R.F.D. No..... (c) City. Idaho City (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address..... In Hosp. or Mat. Home.....days. 3. RESIDENCE OF FATHER (city, state). Ida....City..Ida In THIS county......years.....months.....days. 4. FULL NAME 5. Date of Birth OF CHILD Elmer Edmund Church (Month, day, year). June 14. 1891... If so-born 1st, 2nd, 3rd 7. Twin or 8. No. months 6. Sex. Male 9. Legitimate? Yes Triplet of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. **FULL** 16. FULL MAIDEN NAME Frank Forrester Church NAME Mary Elizabeth Barry 18. Age at time of THIS birth.....33......years 17. Color or 11. Color 12. Age at time or Race ......white..... of THIS birth.41.....yrs. Race....white 14. Exact 20. Exact Occupation Banker Occupation Housewife 21. Industry or 15. Industry or Business ..... Business (c) Born alive and now dead........ (d) Stillborn...... and at the place stated above, and that personal particulars were furnished by....., who is 26. (a) Ct. 16, 1940 (b) Mae. G. Atwood (Date received) (Registrar's signature) 27. Given name added on 1 Vitaly Statistic (Registrar's signature) 25. Attendant's Attendants

OWN signature......M.D. or......(D.O., Midwife, etc.) and address Date **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. State of Idaho County of Ada I, Evangeline Church being first duly sworn, say that I am related to (Related to (or) acquainted with)

Elmer Edmund Church as Older Sister whose birth certificate (Name of gerson on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that...Dr. ... Lippencott ......., who attended (Name of attendent at birth) sa birth new-deceased and that this birth has not been previously recorded. (Ig.now deceased (or) cannot be located) Ovangeline Church 200 E. Idaho St. Boise Idaho P.O. Address Subscribed and sworn to before me on this 16th day of ctober, 1940 Use in en Each Deland, Notary Public, residing at Journey

(1937 Session Laws, Chapter 139, Section 4)

843-1171039-244 300009 300009 (Be sure the information is as of date of birth of THIS child) **United States** certificate. Mail COMPLETED certificate Boise, Idaho, for filing. No charge for filing. **Department of Commerce** State File No..... CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State. Idano (b) County... Power
(c) City. Rockland (c) Street Address or R F.D No..... (d) Name of Hospital or Maternity Home: Name of Hospital or Maternity Home:
Born at residence QCT 1 (e) Mother's stay BEFORE delivery: (f) Mother's mailing address Logan , Utah In Hosp, or Mat. Home.....days. 3. RESIDENCE OF FATHER (city, state)...deceased... In THIS county..........months.......days. 5. Date of Birth 4. FULL NAME Earl Hutchinson (Month, day, year) Sept. 17, 1891 If so-born 7. Twin or 8. No. months of Pregnancy 9 1st. 2nd. 3rd 9. Legitimate? Yes 6. Sex. Male Triplet MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN Sarah Budge 10. FULL David Langdon Hutchinson 17. Color or White 18. Age at time of 25 years 12. Age at time Age at time of THIS birth.........yrs. or Race White 13. Birthplace Salt Lake City . Utah
(City or town) (State or foreign country) 19. Birthplace Ogden Utah
(City or town) (State or foreign country) 20. Exact 14. Exact Occupation Housewife Occupation Carpenter & farmer 21. Industry or 15. Industry or Business..... Business ..... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....(Mother, etc.) 25. Attendant's Attendant's **OWN signature**......M.D. or......(D.O., Midwife, etc.) 27. Given name added on (Registrar's signature) and address Date State of Utah **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING OF CANNOT BE LOCATED. County of ..... I Sarah B. Hutchinson being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Earl Hutchinson as mother (Related to (or) acquainted with)

whose birth certificate (Name of person on certificate above)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that LOUISE Walker who attended is deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Sarah Bridge Hittchinson Name Subscribed and sworn to before me on this 5th day of 0ctober 1940 With Knotary Public, residing at dogan U (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

367 124 014 814 (Be sure the information is as of date of birth of THIS child) 3 < 12United States State File No. Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH

(a) County (b) City Caldwell

(c) Street Address or R FID No. Blaine St.

(d) Name of Hospital or Maternity Home: 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State Kansas (b) County Wilson (c) City Fredoma (d) Street Address or R.F.D. No.... At home (e) How long has MOTHER lived in Idaho?...... (f) Mother's mailing address Caldwell, Idano (e) Mother's stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) Caldwell.. Ide 5. Date of Birth 4. FULL NAME Jan. 24. Ralph Lester Cox (Month, day, year) OF CHILD..... If so-born 8. No. months 7. Twin or 9. Legitimate? Yes of Pregnancy 9 6. Sex. 1st. 2nd. 3rd Triplet MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN na Marie Hauri Jasper N. Cox 10. FULL NAME. 17. Color or white 18. Age at time of 8. THIS birth.....years 12. Age at time 23 of THIS birth yrs. 11. Color white or Race ..... 19. Birthplace. Seangen, Switzerland. Fredonia, Kansas
(City or town) (State or foreign country) (City or town) (State or foreign country) (City or town) 20. Exact 14. Exact Exact Occupation Housewife. Occupation Farmer 21. Industry or 15. Industry or Business Business ..... related to this child as....(Mother etc.) 26. (a) 10-25-40 (b) May & Sture (no.) (Catermont of the contract of the contr 25. Attendant's Attendant s

OWN signature......M.D. or.....(D.O., Midwife, etc.) 27. Given name added on.....by.....(Registrar's signature) and address Date State of CALIFORNIA, **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Riverside, Anna Marie Cox. being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ralph Lester Cox hi his mother 8 mother (Related to (or) acquainted with)
(State relationship or acquaintance) (Name of person on exhifteste above)
(State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lee. who attended (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) ama Marie 60 2807 Madison St., Riverside, Calif. P.O. Address October, 1940. Subscribed and sworn to eccentry Public, residing at Riverside, Calff. (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

362127 040434 United States State File No 30127 (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) County. (b) City. (a) State 2da Ko..., (b) County S. Kas Kanl (c) Street Address or R F.D No..... (c) City Wardner (d) Name of Hospital or Maternity Home: (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address. Warner Jaa... In Hosp. or Mat. Home .....days. 3. RESIDENCE OF FATHER (city, state)..." 5. Date of Birth (Month, day, year) Que. 27. OF CHILD 7. Twin or If so-born 6. Sex. Male Triplet 1st. 2nd. 3rd of Pregnancy 9 m 9. Legitimate? 2 FATHER OF CHILD 10. FULL 16. FULL MAIDE NAME NAME..... 17. Color or 11. Color 12. Age at lime of THIS birth.... or Race Race..... THIS birth.... (State or foreign country) (State or foreign sountry) 14. Exact 20. Exact: Occupation Missey Occupation .... 15. Industry or 21. Industry or Business ..... Business (c) Born alive and now dead. (d) Stillborn...... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by......, who is

(First name) (Last name) (Mother, etc.) 1940 (b) May J. 25. Attendant's (Registrar's signature) OWN signature......M.D. or.... (D.O., Midwife, etc.) and address AFFIDAVIT To be completed when the attendant at birth is NOT LIVING OF CANNOT BE LOCATED. being first duly sworn, say that I am. (Related to (or) acquainted with) Name of person on certificate above) as. The whose birth certificate (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) .....and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) 4428 West 15/aul 18 - day of hely. Subscribed and swort Motary Public, residing at # 13 W-11 - W (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

967-216-029-295 (Be sure the information is as of date of birth of THIS child) 50/2800/2 80 30128 State File No. United States Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State.....(b) County... (c) Street Address or R.F.D. No...on farm..... (c) City. Clark (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address.... In Hosp. or Mat. Home.......days.
In THIS county.......years......months......days. 3. RESIDENCE OF FATHER (city, state)... 5. Date of Birth (Month, day, year) May 16-189 4. FULL NAME Precious Sylvia Ross OF CHILD...... 8. No. months If so-born 7. Twin or 9. Legitimate? Yes 1st. 2nd. 3rd of Pregnancy 6. Sex. Female Triplet MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN that Jame King NAME 10. FULL William Winfield Scott Ross NAME..... 17. Color or 12. Age at time Race White 18. 11. Color or Race White of THIS birth 37 yrs. 19. Birthplace Benton Co. Arkansus
(State or foreign country) Kentucky
(State or foreign country) 13. Birthplace Boone Co (City or town) 20. Exact 14. Exact Occupation Housewife Occupation Farmer 21. Industry or 15. Industry or Business Business ..... 26. (a) Oct. 26, 1940 (b) Man G. Atwood 25. Attendant's (Date received)

(Registrar's signature)

27. Given name added on the control of Vital Statistics OWN signature......M.D. or..... (D.O., Midwife, etc.) (Registrar's signature) and address Date State of Idaho AFFIDAVIT To be completed when the attendant at birth is NOT LIVING OF CANNOT BE LOCATED. County of Nez Perce Martha Jame Ross being first duly sworn, say that I am mother of (Related to (or) acquainted with) Preclous Sylvia Ross Berger as mother Precious Sylvia Ross Berger as mother (Name of person on certificate above) (State relationship or acquaintance) (Name of person on certificate above) (State relationship or acquaintance) (Name of person on certificate above) (State relationship or acquaintance) (Name of person on certificate above) (State relationship or acquaintance) (State relationship or acquaintance) (Name of person on certificate above) (State relationship or acquaintance) (Name of person on certificate above) (State relationship or acquaintance) (Name of person on certificate above) (State relationship or acquaintance) (Name of person on certificate above) (State relationship or acquaintance) (Name of person on certificate above) (State relationship or acquaintance) (Name of person on certificate above) (Name of attendant at birth) (% now deceased (or) cannot be located)

(Name of attendant and that this birth has not been previously recorded. said birth is now deceased 621-7th St. Clarkston, Wash. P. O. Address day of October, 1940 21st Subscribed and sworn to be Notary Public, residing at Lewiston, Idaho. (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

293-223-029819 301432 (Be sure the information is as of date of birth of THIS child) United States **Department of Commerce** State File No..... CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH:
(a) County Latan (b) City Troy 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State...Idaho.....(b) County...Latah..... (c) City near Troy (c) Street Address or R.F.D. No. MONE..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No...None.... (e) How long has MOTHER lived in Idaho?......yrs. (f) Mother's mailing address.....Troy.....Idaho....... 3. RESIDENCE OF FATHER (city, state)...Troy...Idaho... In THIS county...4...years.....months......days. 5. Date of Birth 4. FULL NAME (Month. day, year). Nov. 23. 1991.... OF CHILD Clea C. Billups If so-born 8. No. months 7. Twin or 1st. 2nd. 3rd Triplet No. of Pregnancy 9 9. Legitimate? Yes 6. Sex. Female FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME Rhoda C. Farmer 10. FULL NAME John W. Billups 17. Color or 18. Age at time of THIS birth....33.....years 12. Age at time 11. Color White Age at time of THIS birth....yrs. Race White or Race ..... 19. Birthplace Jeffersonville, Virginia (City or town) (State or foreign country) 20. Exact 14. Exact Occupation Housewife Occupation Farmer 21. Industry or 15. Industry or Business None Business Farming (c) Born alive and now dead. none (d) Stillborn...none 26. (a) Nov. 1. 1940 (b) Mae G. Atwood 25. Attendant's Attendant's

OWN signature......M.D. or.....(D.O., Midwife, etc.) (Date religion of Vi (Resistra's signature)

27. Given name added on by (Registrar's signature) and address Date State of California AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Butte Rhoda C. Billups being first duly sworn, say that I am related to (Related to (or) acquainted with) Cleo 6. Billups as Mother of Cleo C. Billups whose birth certificate (Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that .....midwife....., who attended (Name of attendant at birth) 1s now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mail COMPLETED certif for filing. No charge for f

\* Mrs Rhoda C Billins Name

282 East 8th St. Chico California P.O. Address Subscribed and sworn to before me on this 2824 day of letober 1940

Establica Notary Public, residing at Chico Californile

(SEAL)

(1937 Session Laws, Chapter 139, Section 4)

593-222029-417 301481 (Be sure the information is as of date of birth of THIS child) United States Department of Commerce State File No..... CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH:
(a) County of a fall (b) City Palouse 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State.....(b) County..... (c) Street Address or R F.D No..... (c) City..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address..... In Hosp, or Mat. Home.....days. 3. RESIDENCE OF FATHER (city, state)...... In THIS county......years.....months......days. 5. Date of Birth (Month, day, year) Jeb 22-1891 If so-born 8. No. months 1st, 2nd, 3rd of Pregnancy 4 m 9. Legitimate? 401 6. Sex. Lornale Triplet FATHER OF CHILD 16. FULL MADEN NAME 6000 10. FULL < 18. Age at time of 17. Color or 12. Age at time THIS birth......2.....years of THIS birth. .....yrs. Race.....Y. Ind. or Race ......... (State or foreign country) 19. Birthplace...... (City or town) (State or foreign country) Exact. 14. Exact Occupation Housewile Occupation & armer 21. Industry or 15. Industry or Business Business ...... and at the place stated above, and that personal particulars were furnished by (First n. (Mother etc.) (First name) (Last name) Attendant's Attendant's

OWN signature......M.D. or......(D.O., Midwife, etc.) 27. Given name added on by (Registrar's signature) and address Date AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. ......, being first duly sworn, say that I am.... relate (Related to (or) acquainted with) Some Marie Ellen Vick whose birth certificate (State relationship or acquaintance) (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts .....and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) aus ... P. O. Address Subscribed and sworn to before moon this (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

United States
Department of Commerce 367Be sure the information is as of date of birth of THIS child) 301579 State File No..... CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) 1. PLACE OF BIRTH: (a) County... Zemki (b) City. (a) State. (b) County Acushi
(c) City. (c) Street Address or R F.D No..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. Mother's mailing address 3. RESIDENCE OF FATHER (city, state). In THIS county.....vears.....months.....days. 4. FULL NAME Ralph David Edwards 5. Date of Birth (Month, day, year) June 2 -7. Twin or If so-born 8. No. months 6. Sex. Male 1st. 2nd. 3rd Triplet of Pregnancy 9. Legitimate? 420 FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME..... 18. Age at time of 40 12. Age at time 17. Color or 11. Color of THIS birth 55 yrs. THIS birth, years or Race ... 19. Birthplace..... (City or town) (State or foreign country) (State or foreign country) (City or town) 14. Exact 20. Exact Housewe Occupation..... Occupation..... 15. Industry or 21. Industry or Business.... Business ..... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....(Mother frame) 26. (a) Nov. 12, 1940 (b) Mae G. Atv. 25. Attendant's 27. Given name added on (Registrar's signature)
(Registrar's signature)
(Registrar's signature) OWN signature.......M.D. or..... (D.O., Midwife, etc.) and address Date State of..... **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. being first duly sworn, say that I am. Red (Related to (or) acquainted with) ....., whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth)
......and that this birth has not been previously recorded. As now deceased (or) cannot be located) Notary Public, residing at

(1937 Session Laws, Chapter 139, Section 4)

652H2 -036 - 769 **3**02943 United States (Be sure the information is as of date of birth of THIS child) State File No. Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... NOV 30 1940 STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH: (a) County (b) City. 2. USUAL RESIDENCE of MOTHER: (At time of this birth) Preston (b) County Grand (c) Street Address or R.F.D. No. (c) City ..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No ... (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho? In Hosp. or Mat. Home.....days. Mother's mailing address 2016 3. RESIDENCE of FATHER (city, state): In THIS county 2.5 years month days. 4. FULL NAME 5. Date of Birth OF CHILD. (Month, day, year) Twin or If so-born 8. No. months 6. Sex 1st, 2nd, 3rd Triplet of Pregnancy 9. Legitimate? MOTHER OF CHILD FATHER OF CHILD 10. FULL 16. FULL MAIDEN NAME NAME. 12. Age at time 11. Color 17. Color 18. Age at time of THIS birth or Race. of THIS birth or Race.. 13. Birthplace ...(9) 19. Birthplace (CATy or town) (State or foreign country) (City or town (State or Joreign country) 14. Exact 20. Exact Occupation ..... Occupation ... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ...M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by that the place stated above, and that personal particulars were furnished by (First mane) (Last name) (Mother) Mae G. A. 26. (a) Nov. 30. 1940 Atwood 25. Attendant's (Date received) Bureau of Vital (Registrar's signature)
Statistics OWN signature. (D.O., Midwife, etc.) 27. Given name added on......by... Inston Idah Date (Registrar's signature) and address Was State of \_\_\_\_\_\_ AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of 1/26 being first duly sworn, say that I am (Related to (or) acquainted with) ..... whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-(Name of attendant at birth) and that this birth has not been previously recorded. said birth..... (Is now deceased (or) cannot be located) .....Signature P.O. Address Subscribed and sworn to before me on this.... day of.... Notary Public, residing at Audus (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

ificate in or filing.	Bureau of the Census CERTIFICATI	of date of birth of THIS child) E OF BIRTH F IDAHO	State File No. 302988 Local Reg. No. Reg. Dist. No.
typewriter ribbon in completing this certificate. Mall COMPLETED certificate in to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. payment of fifty cents, money order or coin.	1. PLACE OF BRTH:  (a) County. 1222. (b) City. MOSCOW  (c) Street Address or R.F.D. No. 631 Dekin  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery:     In Hosp. or Mat. Home	(f) Mother's mailing address 3. RESIDENCE of FATHER (comparison of	No. 631 Dekin lived in Idaho? 15 yrs. 631 Dekin city, state): MOSCOW, Idaho th y, year) 9. Legitimate? yes OF CHILD Ca 18. Age at time of THIS birth 25 yrs. Kentucky (State or foreign country) fe
d typewriter ribbon ie to State Bureau o	(c) Born alive and now dead  (d) Stillborn  24. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particulars related to this child as  (Mother etc.)  (Date received)  (Registrar's signature)  27. Given name added on (Registrar's signature)	who wasatatatatatat	
Use only BLACK Ink or BLACK Record envelope bearing FIRST-CLASS postage Each certified copy requires an advance I	State of Scounty of State of S	AFFIDAVIT To be completed we NOT LIVING or CAN.  duly sworn, say that I am	NOT BE LOCATED.  State of the sequented with the sequence of t

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sure the information is as of date of birth of THIS child) Department of Commerce State File No.... CERTIFICATE OF BIRTH Bureau of the Census DEC 3 Local Reg. No. 13.4.2 STATE OF IDAHO 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State Adaho (b) County Latah (c) Street Address or R F.D No..... (c) City Massaw (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....3. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address. Moscow. In Hosp, or Mat. Home.....days. 3. RESIDENCE OF FATHER (city, state). Zhoucand. 4. FULL NAME 5. Date of Birth OF CHILD. 7. Twin or If so-born 8. No. months 1st. 2nd. 3rd 6. Sex. male **Triplet** of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEM 10. FULL NAME..... 17. Color or On 18. Age at time of 12. Age at time 11. Color THIS birth......24 years or Race Race / Laste 19. Birthplace....(City or town) (State or foreign country) (City or town) 14. Exact 20. Exact. Occupation Jaharen Occupation House wile 21. Industry or 15. Industry or Business Claim home Business ..... 24. I HEREBY CERTIFY That I attended the birth of this child, who was defined all the later and the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by......, who is 26. (a)... 11-30-40 25. Attendant's Attendant's

OWN signature......M.D. or......(D.O., Midwife, etc.) (Registrar's signature) (Date received) 27. Given name added on.....by....(Registrar's signature) and address Date **AFFIDAVIT** To be completed when the attendant at birth is State of..... NOT LIVING or CANNOT BE LOCATED. being first duly sworn, say that I am...... (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jamas. Janahis who attended (Name of attendant at birth) and that this birth has not been previously recoffied. -(Is now deceased (or) cannot be located) Subscribed and sworn to before me on this ... day of Notary Public, residing at ...... (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

4. FULL NAME

6. Sex.

10. FULL

14. Exact

15. Industry or

County of.....

If so-born

1st, 2nd, 3rd

303015

Local Reg. No.....

State File No.....

9. Legitimate? Yes

STATE OF IDAHO

Reg. Dist. No.....

(Month, day, year). May... 21...1891.....

8. No. months

Race.....

16. FULL MAIDEN

17. Color or

20. Exact.

and at the place stated above, and that personal particulars were furnished by......, who is

as described to (of) acquainted with)

as that relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts

contained therein are true to the best of my knowledge. I further state that....., who attended

21. Industry or

25. Attendant's

Flavorn Carlund, being first duly sworn, say that I am. related to (or) acquainted with)

and address

of Pregnancy

5. Date of Birth

(f) Mother's mailing address.....

3. RESIDENCE OF FATHER (city, state)......

MOTHER OF CHILD

Occupation Housewife

Business

Attendant's

OWN signature......M.D. or......(D.O., Midwife, etc.)

P. O. Address

AFFIDAVIT To be completed when the attendant at birth is

Notary Public, residing at Elamane Calif

ounty of Riverside, State of California

NOT LIVING or CANNOT BE LOCATED.

(c) City. Shoshone. Weiser. Idaho Falls (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs.

(a) State Idaho (b) County arious

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH:
(a) County 110011 (b) City. SHOSHONE......

of CHILD. Mand MoPherson

of THIS birth....34.....yrs.

Mae G. Atwood

said birth as not been previously recorded (15 now all 10 to 10 to

(Registrar's signature)

In THIS county.....years....months.....days.

(e) Mother's stay BEFORE delivery:

or Race ... White

26 (a) December 4,1940 (b)

(Date received)

In Hosp, or Mat. Home.....days.

7. Twin or

Triplet

FATHER OF CHILD

13. Birthplace. Shicago. Illinois. (City or fown) (State or foreign country)

NAME James Hunter McPherson

Occupation Clergyman

Business .....

related to this child as (Mother, Final & Sturood

27. Given name added on by Bureau of Vita Register and the second of Vita Register and the second of the second of

12. Age at time

(1937 Session Laws, Chapter 139, Section 4)

	DEC 5 194	CERTIFICATE STATE OF I		Local Reg. NoReg. Dist. No
(c) Street Add (d) Name of I	dress or R F.D No	ne:	(c) City(d) Street Address or R.F. (e) How long has MOTH	C.D. No
4. FULL NAME OF CHILD	Hisumfil	etcher Zan	Energy 5. Date of I	Birth ay, year). Oct. 18
6. Sex.	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? 2
10. FULL NAME 7.1.1. Color or Race . A. 7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		me birth 2 Jyrs.	16. FULL MAIDEN NAME & Man	OF CHILD  (18. Age at time of THIS birth
14. Exact Occupation 15. Industry or	(City or town) (State	e or foreign country)	20. Exact Occupation	
22. Name prophy	vlactic used to prevent O	phthalmia Neonatorum	•	<i>G</i>
(c) Born alive	e and now dead. (d)	Stillborn	neluding this child.	Born alive and now living
24. I HEREBY C and at the pla related to this 26. (a) Dec. 5. (Date_r	ERTIFY That I attended ace stated above, and had child as.  [Mother of Manage of Manag	the birth of this child, the petsonal particulars w	chorn alive, stillborn) fre furnished by  Attendant's  OWN signature	<i>7</i> 7
24. I HEREBY C and at the planel and the planel at the planel and the planel at the planel and the planel at the p	ERTIFY That I attended ace stated above, and had child as.  1940  (I) Mae eccived)  added on by	the birth of this child, the personal particulars w	yho was (born alive, stillborn) gre furnished by (Fi	
24. I HEREBY C and at the pla related to this 26. (a) Dec. 5. (Date_r	ERTIFY That I attended ace stated above, and had schild as.  1940  eccived)  added on by agest added on by agest added on by agest and by ages and by agest and by agest and by ages and by ages and by ages and by ages and by ag	the birth of this child, t personal particulars w  G. Atwood tegistrar's signature)  AF NO	cho was (born alive, stillborn)  Tre furnished by (Fig. 25. Attendant's OWN signature and address MO)  FIDAVIT To be completed we Taliving or CANNOT BE	M.D. or hately of the the attendant at birth LOCATED.
24. I HEREBY C and at the pla related to this 26. (a) Dec. 5. (Date p 27. Given name State of Washi County of K	eerTIFY That I attended ace stated above, and had achild as.  1940    Mother   Magentin   Mother   Magentin   Mother   Magentin   Mother   Magentin   Mage	the birth of this child, the personal marticulars we have the control of the child, the personal marticulars we have the control of the child,	completed by the completed with the complete with the c	M. D. or (D. M. M. Strange)  M.D. or (D. M. M. Strange)  Then the attendant at birth LOCATED.  (Related to (or) acquainted with) whose birth certific
24. I HEREBY C and at the pla related to this 26. (a) Dec. 5. (Date p 27. Given name State of Washi County of K	ng ton free person of certificate above) and that I desire to have the are frue to the best of me.	the birth of this child, the personal marticulars we have the control of the cont	con alive, stillborn) for furnished by  25. Attendant's OWN signature and address  FIDAVIT To be completed v T LIVING or CANNOT BE  sworn, say that I am  relationship or acquaintance) under Chapter 139, 1937 Ses state that  Name of atter	M. D. or (D. Missie)  Then the attendant at birth LOCATED.  (Related to (or) acquainted with)  when the attendant at birth Located to (or) acquainted with)  sion Laws; and that the filter than the filter th
24. I HEREBY C and at the pla related to this 26. (a) Dec. 5. (Date p 27. Given name State of Washi County of K	ngton  ngton  person of certificate above)  nd that I desire to have the are frue to the best of m	the birth of this child, the personal marticulars we have a support of the personal marticulars we have a support of the personal marticulars we have a support of the personal marticulars.  AF NO (State in the said birth recorded by knowledge. I further and that this birth in the personal marticular was a support of the pe	completed by the completed with the complete with the c	M. on the comments of the comm

(1937 Session Laws, Chapter 139, Section 4)

381 223030-316 State File No. 303082 (Be sure the information is as of date of birth of THIS child) United States Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State Ida ho (b) County Lemhi (c) City Salmon (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? yrs. (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address Salmon Idaho In Hosp, or Mat. Home.....days. 3. RESIDENCE OF FATHER (city, state)..... In THIS county......years.....months......days. 4. FULL NAME Helen Emeline Chase 5. Date of Birth (Month, day, year) Aug. 23, 1891. OF CHILD THETON PROTING ONGRE 7. Twin or If so-born 8. No. months 6. Sex. Female Triplet 1st. 2nd. 3rd 3rdof Pregnancy 9. Legitimate? **Yes** FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME Elizabeth Catherine Lawler 10. **FULL** NAME Hal H Chase white 12. Age at time 34 18. Age at time of 30 17. Color or white 18. 11. Color of THIS birth....vrs. THIS birth....years or Race 19. Birthplace. Leavenworth Kansas
(City or town) (State or foreign country) Michigan 29. Exact Housewife
Occupation (State or foreign country) 14. Exact. Teamster Occupation Teamster 21. Industry or Business 15. Industry or Business (c) Born alive and now dead...... (d) Stillborn...... I HEREBY CERTIFY That I attended the birth of this child, who washed the birth of this child, who washed the control of this child, who washed the control of the child, who washed the child, which washed the child, who related to this child as (Mother etc.) 26. (a) (b) (Registrar's signature) Lutto 25. Attendant's Attendant's

OWN signature......M.D. or.....(D.O., Midwife, etc.) 27. Given name and on the control of the characters agasture) and address Date State of California **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Los Angeles Helen F Chase , being first duly sworn, say that I am. reacted to (Related to (or) acquainted with) Helen E Chase as Father

(Name of Paran on certificate above) (State relationship or acquaintance) (Related to (or) acquainted with)
whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended (Name of attendant at birth) said birth and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) X 1961 Chara Name Subscribed and sworn to before ne or May of May Notary Public, residing at the May My Compassion Expires Nov. 17, 19

(1937 Session Laws, Chapter 139, Section 4)

REULI .-367-206-002-219 (Be supple information is as of date of birth of THIS child) . Mail COMPLETED certificate o, for filing. No charge for filing. State File No. 304705 Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH: (a) County....Adams.......(b) City. Indian Valley (c) Street Address or RFD No......none....(d) Name of Hospital or Maternity Home: (c) City Walla Walla (d) Street Address or R.F.D. No. 2 .....n.p.p.e...... (e) How long has MOTHER lived in Idaho?....44....yrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address. Wallawalla. Wn... In Hosp. or Mat. Home. Her days. 3. RESIDENCE OF FATHER (city, state) Same In THIS county.....5. years...1....months....1.3..days. 4. FULL NAME 5. Date of Birth of CHILD Ethel Elizabeth Logan (Month, day, year)....8/6/91 If so-born 7. Twin or 8. No. months 6. Sex. Female 1st. 2nd. 3rd Triplet of Pregnancy 9. Legitimate? Yes nο FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME Isabel Baird 10. FULL NAME Samuel Thomas Logan 17. Color or Race....White...... 18. Age at time of THIS birth.....21....years 12. Age at time 11. Color or Race White of THIS birth 29 vrs. Jackson Co. Oregon
(City or town) (State or foreign country) 13. Birthplace....Belleview, Nebraska (City or town) (State or foreign country) 19. Birthplace..... (City or town) 20. Exact 14. Exact Occupation Common laborer Occupation Housewife 15. Industry or 21. Industry or Business Business ..... and at the place stated above, and that personal particulars were furnished by......, who is related to this child as.....(Mother, etc.) 25. Attendant's Attendant's

OWN signature......M.D. or.....(D.O., Midwife, etc.) 27. Given name added on by Yb. 9.0 (Registrar's signature) and address Date State of Washington AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Walla Walla I. Isabel Logan being first duly sworn, say that I am the mother (Related to (or) acquainted with) The light he had been as Pauchter with whose birth certificate (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Laving. Price......, who attended (Name of attendant at birth) Joalel Logan Name Rte #2 Walla Walla, Washington Address th day of January 1941 Subscribed and sworn to before me on this 6th day of January Notary Public, residing at Wallawalla, Wn

(1937 Session Laws, Chapter 139, Section 4)

State File No. United States (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BUILTH: 2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) County (b) City Idaha (b) County.... (c) Street Address or R.F.D. No..... (c) City ..... (d) Name of Hospital or Maternity Home: Birth accurred of From (d) Street Address or R.F.D. No... (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho?.... (f) Mother's mailing address alluant In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state). all-con. In THIS county years month days. 4. FULL NAME 5. Date of Birth (Month, day, year) 28, OF CHILD. If so-born 7. Twin or 8. No. months 9. Legitimate? 6. Sex Triplet 1st, 2nd, 3rd of Pregnancy-MOZHEK OF CHILD FATHER OF-CHILD 10. FULL 16. FULL MAIDEN NAME NAME ..... 11. Color 12. Age at time of THIS birth 35 yrs. 17. Color 18. Age of time of THIS birth 24 or Race. or Race. 19. Birthplace 💭 (City of (State or foreign country) (State or foreign country) (City or town) 14. Exact 20. Exact Occupation .. Occupation .... 15. Industry or Industry or Business Business Name prophylactic used to prevent Ophthalmia Nechatorum.... (c) Born alive and now dead none (d) Stillborn mone 24. I HEREBY CERTIFY That I attended the birth of this child, who was... (born alive, stillborn) (First name) (Last name) related to this child as mother (Mother, etc.) (b) Clyde A. Bridger 26. (a) JAN 1 6 1941 25. Attendant's (Date received) (Registrar's signature) OWN signature..... (D.O., Midwife, etc.) 27. Given name added on.....by... (Registrar's signature) and address Date AFFIDAVIT To be completed when the attendant at birth is State of. NOT LIVING or CANNOT BE LOCATED. County of..... Frownell, being first duly sworp, say that I am...... (Related to (or) acquainted with) ...... whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-(Mberson). Milwel who attended Mrs. tained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) and that this birth has not been previously recorded. (Is new deceased (or) cannot be located) Darah E .Signature 614 n. Subscribed and sworn to before me on this Notary Public, residing at (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

413-105-029-319 State File No. 304826 United States (Be sure the information is as of date of birth of THIS child) Department of Commerce Bureau of the Census CERTIFICATE OF BIRTH Local Reg. No..... JAN 1 3 1941 STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH:
(a) County Latah (b) City MOSCOW 2. USUAL RESIDENCE of MOTHER: (At time of this birth) Idaho (b) County Latah (a) State.... (c) Street Address or R.F.D. No. near HOSCOW (c) City near Moscow (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) Mother's stay **BEFORE** delivery: (e) How long has MOTHER lived in Idaho?..... (f) Mother's mailing address MOSCOW, Idaho In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state): MOSCOW. Ida. In THIS county 2 years month davs. 4. FULL NAME 5. Date of Birth Elmer Joseph Dale (Month, day, year) March 5-1891 OF CHILD..... 7. Twin or If so-born 8. No. months male 6. Sex Triplet 1st. 2nd. 3rd of Pregnancy 9 no 9. Legitimate? Ves MOTHER OF CHILD FATHER OF CHILD 10. FULL 16. FULL MAIDEN Henry August Dale Carrie Larsen NAME .... NAME ..... 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth 27 white white 33 vrs or Race..... of THIS birth .... or Race..... 19. Birthplace near Christiana, Norway 13. Birthplace near Christiana Norway (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation laborer farmer housewife Occupation ..... 15. Industry or 21. Industry or Business none Business none 22. Name prophylactic used to prevent Ophthalmia Neonatorum Number of children of this mother: (a) At time of birth and including this child. 4. (b) Born affect and now it (c) Born alive and now dead 2 (d) Stillborn none 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) related to this child as..... (Mother zetc.) (b) de d. 3 rege Lip (Registrar's signature) 26. (a) JAN 1 3 1941 (Date received) 25. Attendant's OWN signature (D.O., Midwife, etc.) and address Date Oregon State of..... AFFIDAVIT To be completed when the attendant at birth is County of Lane NOT LIVING or CANNOT BE LOCATED. A. L. Dale being first duly sworn, say that I am related to (Related to (or) acquainted with) Elmer Joseph Dale as brother ....., whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-Linquist , who attended tained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth) said birth is deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located) Signature Route #1. Eugene, Oregon P.O. Address Subscribed and sworn to before me)on this 7th day of January 19 41 Clary Notary Public, residing at Eugene, Oregon (SEAL) My Commission expires: 8/12/41

(1937 Session Laws, Chapter 139, Section 4)

213-117-044-219		10 23	305961
United States Department of Commerce (F	e sure the information is as of	date of birth of THIS child)	State File No
Bureau of the Census	CERTIFICATE	OF BIRTH	Local Reg. No
	STATE OF	IDAHO	Reg. Dist. No
1. PLACE OF BIRTH:  (a) County Spathing for (b)  (c) Street Address or R.F.D. No  (d) Name of Hospital or Matern	<b>筆</b> ク	(a) State Idaho (c) City Heiser	(OTHER: (At time of this birt
(d) Name of Hospital or Matern  (e) Mother's stay BEFORE deliving the Hosp. or Mat. Home	days.	<ul><li>(d) Street Address or R.F.I</li><li>(e) How long has MOTHE</li><li>(f) Mother's mailing address</li></ul>	
In THIS county years	month days.	3. RESIDENCE of FATHER	
4. FULL NAME CECIL H			Birth [J. 1891]
6. Sex Male 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? 4e\$
FATHER OF C		MOTHER	OF CHILD
O TOTAL		16. FULL MAIDEN MARY	ANN BARTON
NAME OLES FINDREW 11. Color 12. A or Race White of	ge at time 35 yrs.	17. Color or Race While	18. Age at time 25 - y
13. Birthplace Lawrence (City or town)	(State or foreign country)	19. Birthplace(City or town)	(State or foreign country
14. Exact Occupation Stockman	- 1 ·	20. Exact Occupation	
15. Industry or Business	business	21. Industry or Business	
23. Number of children of this moth (c) Born alive and now dead	er: (a) At time of birth and in (d) Stillborn	ncluding this child	
<del></del>	er: (a) At time of birth and in (d) Stillborn	ncluding this child	
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att	er: (a) At time of birth and in (d) Stillborn ended the birth of this child, w	ncluding this child	
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, as related to this child as(Mot 28. (a) Feb. 4, 1941 (b)	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we do that personal particulars we her, etc.  Bridger.	rho was	M. on the da
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, as related to this child as(Mot 26. (a) Feb. 4, 1941 (b)	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we had that personal particulars we her, etc.	rho was	M. on the da
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, as related to this child as  (Mot 26. (a) Feb. 4, 1941 (b) A	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we had that personal particulars we her, etc.  A. Bridger  ctingegistrar's signature)	cho was	M. on the danger of the danger
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, as related to this child as (Mot 26. (a) Feb. 4, 1941 (b) (Date received)  27. Given name added on State of	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we had that personal particulars we her, etc.  her, etc.  A. Bridger  ctingegistrar's signature)	cho was	M. on the danger of the danger
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, as related to this child as	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we had that personal particulars we her, etc.  her, etc.  A. Bridger  ctingegistrar's signature)	cho was	M. on the danger of the danger
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, as related to this child as (Mot 26. (a) Feb. 4, 1941 (b) (Date received)  27. Given name added on State of	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we had that personal particulars we her, etc.  A. Bridger  tinkegistrar's signature)  by	cholding this child	(D.O., Midwife, e Date  I when the attendant at birth NNOT BE LOCATED.
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, as related to this child as.  (Mod 26. (a) Feb. 4, 1941 (Date received)  27. Given name added on  State of  (Name of person on certificate al appears above, and that I desire to I	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we had that personal particulars we her, etc.  her, etc.  her, etc.  her, etc.  her, etc.  her, etc.  (Registrar's signature)  by.  (Registrar's signature)  ss.  pove)  as (State have the said birth recorded un	cho was	(Related to (or) acquainted with)  (Laws; and that the facts co
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, as related to this child as.  (Mod 26. (a) Feb. 4, 1941 (b) (Date received)  27. Given name added on  State of  (Name of person on certificate al appears above, and that I desire to I tained therein are true to the best of	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we had that personal particulars we her, etc.  her, etc.  her, etc.  her, etc.  (Registrar's signature)  by  (Registrar's signature)  ss.  being first do (State lave)  as (State lave)  f my knowledge. I further state	cho was	M. on the dename) (Last name) (Last name)  (D.O., Midwife, e Date  I when the attendant at birth NNOT BE LOCATED.  (Related to (or) acquainted with)
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, ar related to this child as.  (Mot 26. (a) Feb. 4, 1941 (b) (Date received)  27. Given name added or  State of  (Name of person on certificate al appears above, and that I desire to I tained therein are true to the best of	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we had that personal particulars we her, etc.  her, etc.  (Registrar's signature)  by  (Registrar's signature)  (Registrar's signature)  sove)  as  (State have the said birth recorded unif my knowledge. I further state hand that this birth	cho was	M. on the day of the d
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, ar related to this child as.  (Mot 26. (a) Feb. 4, 1941 (b) (Date received)  27. Given name added or  (Name of person on certificate al appears above, and that I desire to I tained therein are true to the best of said birth / Saura Dee E	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we had that personal particulars we her, etc.  her, etc.  (Registrar's signature)  by  (Registrar's signature)  (Registrar's signature)  sove)  as  (State have the said birth recorded unif my knowledge. I further state hand that this birth	cho was	(D.O., Midwife, et Date  I when the attendant at birth NNOT BE LOCATED.  (Related to (or) acquainted with), whose birth certifics Laws; and that the facts con DATES, who attended.
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, ar related to this child as. (Mot 26. (a) Feb. 4, 1941 (b) (Date received)  27. Given name added or  State of (Name of person on certificate al appears above, and that I desire to I tained therein are true to the best of said birth S Name of E	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we had that personal particulars we her, etc.  her, etc.  (Registrar's signature)  by  (Registrar's signature)  (Registrar's signature)  sove)  as  (State have the said birth recorded unif my knowledge. I further state hand that this birth	cho was	M. on the daname)  (Last name)  (D.O., Midwife, et Date  I when the attendant at birth NNOT BE LOCATED.  (Related to (or) acquainted with) whose birth certifics Laws; and that the facts condition to the condition of the conditi
23. Number of children of this moth (c) Born alive and now dead  24. I HEREBY CERTIFY That I att and at the place stated above, ar related to this child as.  (Mot 26. (a) Feb. 4, 1941 (b) (Date received)  27. Given name added or  (Name of person on certificate al appears above, and that I desire to I tained therein are true to the best of said birth Saura Deservations	er: (a) At time of birth and in (d) Stillborn  ended the birth of this child, we had that personal particulars we her, etc.  by Bridger A. Bridger (timesestrar's signature)  by (Registrar's signature)  ss.  being first de said birth recorded un f my knowledge. I further ste the located)	cho was	(D.O., Midwife, et Date  I when the attendant at birth NNOT BE LOCATED.  (Related to (or) acqueinted with) , whose birth certifics  Laws; and that the facts co

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census FEB   0   94   CERTIFICATE STATE OF		State File No30629 Local Reg. No
1. PLACE OF BIRTH: (a) County. Ada (b) City. Caldwell (c) Street Address or R.F.D. No	(c) City <u>Caldwell</u> (d) Street Address or R.F.D. (e) How long has <b>MOTHER</b>	No
4. FULL NAME Bess Steunenberg 6. Sex Female 7. Twin or If so—born 1st, 2nd, 3rd	5. Date of Bi (Month, da 8. No. months	rth y, year) April 11, 18 9. Legitimate? Yes
10. FULL Albert Keppel Steunenberg  11. Color or Race white 12. Age at time of THIS birth 27 yrs.  13. Birthplace Iowa (City or town) (State or foreign country)  14. Exact Occupation Printer & Publisher  15. Industry or Business	or RaceWN1UB	18. Age at time 25 y  (State or foreign country
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and (c) Born alive and now dead (d) Stillborn	including this child (b) B	
23. Number of children of this mother: (a) At time of birth and (c) Born alive and now dead (d) Stillborn  24. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particulars related to this child as  26. (a) FEB 10 1941 (Mother, etc.)  (b) Clyde A. Bridger (Begistrar's signature)	who was born alive at (born alive, stillborn) were furnished by (First no. 25. Attendant's	
23. Number of children of this mother: (a) At time of birth and (c) Born alive and now dead (d) Stillborn  24. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particulars related to this child as  (Mother, etc.)  (b) Clyde A. Bridger	who was born alive at (born alive, stillborn) were furnished by (First not)  25. Attendant's  OWN signature  and address  AFFIDAVIT To be completed  NOT LIVING or CAN	M. on the description of the des

(1937 Session Laws, Chapter 139, Section 4)

457-2081044-495 RECERENTE the information is as of date of birth of THIS child) State File No ROSATA Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... LETED certifica No charge for 1 FEB 1 8 1941 STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF EARTH:
(a) County Washington (b) City..... 2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State I dahu (b) County Wasking In (c) Street Address or R.F.D. No.. Weiser (c) City ..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho? vrs. In Hosp, or Mat. Home.....days. (f) Mother's mailing address..... 3. RESIDENCE of FATHER (city, state): // user -In THIS county years month days. 4. FULL NAME 5. Date of Birth (Month, day, year) Lettuck OF CHILD 7. Twin or If so-born 8. No. months 6. Sex Fimale Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? 2 MOTHER OF CHILD FATHER OF CHILD 10. FULL 16. FULL MAIDEN NAME 4 NAME ..... 11. Color 12. Age at time of THIS birth ..... 17. Color 18. Age at time of THIS birth .. or Race.. or Race. 13. Birthplace 19. Birthplace ... (State or foreign country) (City or town) (State or foreign country) (City or town) 14. Exact 20. Exact. House tarmer Occupation . Occupation .. 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) related to this child as..... (Mother, etc.) 25. Attendant's Clothing (Date received) (Registrar's signature) OWN signature (D.O., Midwife, etc.) 27. Given name added on.....by.... (Registrar's signature) and address Date Idaho AFFIDAVIT To be completed when the attendant at birth is State of..... Washington NOT LIVING or CANNOT BE LOCATED. County of... A. Megorden , being first duly sworn, say that I am ..... related (Related to (or) acquainted with) Olive Violet Megorden as Brother whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts, contained therein are true to the best of my knowledge. I further state that who attended (Name of attendant at birth) And that this birth has not been previously recorded. said birth (Is now deceased (or) cannot be located) Riggina Adaho .....P. O. Address Subscribed and sworn to before me on this. 23th. day of February Notary Public, residing at. (SEAL) vashington County

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sure the information is a Department of Commerce	s of date of birth of THIS child) State File No. 306482	
Department of Commerce Bureau of the Census  FER 1 8 194 STATE	FE OF BIRTH Local Reg. No2	
	110g, Disk 110	
1. PLACE OF BIRTH: (a) County Elmore (b) City near Pine (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Homedays. In THIS county years month days.	2. USUAL RESIDENCE of MOTHER: (At time of this birth  (a) State Idaho (b) County Elmore  (c) City near Pine, Idaho  (d) Street Address or R.F.D. No	
4. FULL NAME Grant Bahart Costs	5. Date of Birth March 3 1891	
4. FULL NAME Grant Robert Coats OF CHILD 7. Twin or 1	5. Date of Birth March 3, 1891 (Month, day, year) March 3, 1891  8. No. months of Pregnancy 9. Legitimate? ye	
FATHER OF CHILD	MOTHER OF CHILD	
10. FULL William R. Coats  11. Color white of THIS birth 27 yrs.	16. FULL MAIDEN Willie E. Grant  17. Color or Race white  18. Age at time of THIS birth 22 yr	
13. Birthplace LOWA (City or town) (State or foreign country)  14. Exact Occupation Stage Station  15. Industry or Business own business	19. Birthplace Saline County Missouri  20. Exact (City or town) (State or foreign country)  Occupation housewife  21. Industry or Business own home	
(c) Born alive and now dead $\cup$ (d) Stillborn $\cup$	including this child	
and at the place stated above, and that personal particular related to this child as Mother (Mother, etc.)  (a) Feb. 12, 1941 (b) Clyde A. Bridger (Registrar's signature)	d, who was born alive at 8 A. M. on the da  (born alive, stillborn) s were furnished by "illie Coats who  (First name) (Last name)  25. Attendant's  OWN signature	
27. Given name added onby	OWN signature Mother (D.O., Midwife, et	
State of Idaho County of Elmore ss.	AFFIDAVIT To be completed when the attendant at birth NOT LIVING or CANNOT BE LOCATED.	
	ther (Related to (or) acquainted with)  whose birth certificate relationship or acquaintance) i under Chapter 139, 1937 Session Laws; and that the facts con	
	r state that Mrs. Howard , who attended (Name of attendant at birth) irth has not been previously recorded.	
(Is now deceased (or) cannot be located)	// h "7/. / 1	
	Signatur	
Box 1	Signatur 52. Mountain Home, Idaho P.O. Addres	
Box 1  Subscribed and sworn to before me of this / 7 da	Signatu S2. Mountain Home, Idaho P.O. Addre	

(1937 Session Laws, Chapter 139, Section 4)

De Bu	nited States partment of Commerce preau of the Census  MAR 5 1741  CERTIFICATI STATE OF	E OF BIRTH F IDAHO	State File No. 307724  Local Reg. No. Reg. Dist. No.
1.	PLACE OF BIRTH:  (a) County Tranklin. (b) City Fresthin  (c) Street Address or R.F.D. No	•	OTHER: (At time of this birth Tranklin Lin D. No.
	(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Homedays. In THIS county years month days.	<ul><li>(e) How long has MOTHEI</li><li>(f) Mother's mailing addre</li><li>3. RESIDENCE of FATHER</li></ul>	R lived in Idaho? yr: ss
	FULL NAME Carl Almo Peterson  Sex Male 7. Twin or Triplet 1st, 2nd, 3rd		irth Jan 9,1891 ay, year)
13.	FATHER OF CHILD  FULL Carl Oscar Ferenson  Color W 12. Age at time of THIS birth 29 yrs.  Birthplace Sweden  Exact (City or town) (State or foreign country)  Farmer	16. FULL MAIDEN NAME 17. Color or Race Fran	18. Age at time
	Industry or Business	21. Industry or Business	
22. 23.	Name prophylactic used to prevent Ophthalmia Neonatorum Number of children of this mother:  (a) At time of birth and (c) Born alive and now dead  (d) Stillborn	21. Industry or Business including this child. (b) I	Sorn alive and now living?
22. 23. 24. 26.	Name prophylactic used to prevent Ophthalmia Neonatorum Number of children of this mother:  (a) At time of birth and (c) Born alive and now dead  (d) Stillborn  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above and that personal particulars v related to this child as (Mother, etc.)  (a) (Date received) (Registrar's signature)  Given name added on by (Registrar's signature)	21. Industry or Business  including this child (b) F  who was Alive (born alive, stillborn) (First n	Sorn alive and now living
22. 23 24. 26. 27 Sta	Name prophylactic used to prevent Ophthalmia Neonatorum. Number of children of this mother: (a) At time of birth and (c) Born alive and now dead (d) Stillborn  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particulars verified to this child as (Mother, etc.)  (a) (b) (Registrar's signature)	21. Industry or Business  including this child	Born alive and now living.  M. on the date of the control of the c

(1937 Session Laws, Chapter 139, Section 4)

819-227,003-799 307860 United States (Be sure the information is as of date of birth of THIS child) State File No. Department of Commerce Bureau of the Census CERTIFICATE OF BIRTH Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH: (a) County Bannock 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
Bannock (b) CityMcCammon (a) State McCammon (b) County..... (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Homet home (c) City . (d) Street Address or R.F.D. No..... (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho? 5 (f) Mother's mailing address McCommun. Idaho In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state): McCammon, Ida In THIS county 5 years month days. 4. FULL NAME Eva Harkness 5. Date of Birth OF CHILD... (Month, day, year) 7. Twin or If so-born 8. No. months 6. Sex female 1st. 2nd. 3rd Triplet of Pregnancy Q 9. Legitimate? MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN Elicia Knapp Grist 10. FULL NAME Louis Simmion Harkness 11. Color 12. Age at time 17. Color 18. Age at time 24 of THIS birth white white or Race. of THIS birth or Race..... 13. Birthplace Gales burg. 19. Birthplace Salt or Lake Cityate or bless lountry) (State or foreign country) (City or town) 14. Exact 20. Exact house wife Occupation rancher Occupation . 21. Industry or 15. Industry or stock raising Business Business (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was...... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..............................., who is related to this child as..... (Mother /etc.) March 4, 1941 25. Attendant's Refun (Registrar's signature) (Date received) OWN signature (D.O., Midwife, etc.) 27. Given name added on.....by... (Registrar's signature) and address Date AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. Elicia Harkness being first duly sworn, say that I am related to Ava Harkness Gates (Related to (or) acquainted with) mother ..... whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-Jane Marley tained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth) S now deceased (or) cannot be located) Passy Public for State of Montana Bakesiding at Butte, Montana Scommsules whed and sworn to before me on this 264 day of Wan I Gasonu Notary Public residing at (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

1.6.115001-291 (Be sure the information is as of date of birth of THIS child) United States COMPLETED certificate in filing. No charge for filing. Department of Commerce Bureau of the Census CERTIFICATE OF BIRTH Local Reg. No..... FEB 21 1941 STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH: ADA 2. USUAL RESIDENCE of MOTHER: (At time of this birth) Boise (a) County... (b) City (a) State Idaho (b) County Ada (c) Street Address or R.F.D. No. Boise (e) City (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho?.... In Hosp, or Mat. Home.....days. (f) Mother's mailing address Boise, Idaho In THIS county years 3. RESIDENCE of FATHER (city, state): month davs. 4. FULL NAME 5. Date of Birth GIIY LEROY WOOLETT (Month, day, year) Oct 15. 1891 OF CHILD... If so-born 7. Twin or 8. No. months male 6. Sex 1st, 2nd, 3rd Triplet of Pregnancy 9. Legitimate? Ves MOTHER OF CHILD FATHER OF CHILD 16. FULL MAHDEN CES Emaline Brannan 10. FULL George Harry Woolett NAME 11. Color 12. Age at time 17. Color White 18. Age at time White or Race of THIS birth or Race of THIS birth 13. Birthplace Kentucky Iowa. 19. Birthplace ...... (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Laborer Housewife Occupation ..... Occupation .... 15. Industry or 21. Industry or stone-mason own home. Business Business Name prophylactic used to prevent Ophthalmia Neonatorum..... (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) related to this child as..... (Mother, etc.) 26. (a) FFR 2 1 1941 25. Attendant's (Registrar's signature) (Date received) OWN signature (D.O., Midwife, etc.) and address Date Minnesota State of..... AFFIDAVIT To be completed when the attendant at birth is Aitkin NOT LIVING or CANNOT BE LOCATED. County of..... Alice A. Dillman, being first duly sworn, say that I am relatedato (Related to (or) acquainted with) LeRoy Guy Woolett older sister ...... whose birth certificate (Name of person on certificate above). (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-Rose Wyscaver Kent tained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth) said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) wan Signature Minn. .....P. O. Address Clerk of February Subscribed and sworn to before me on this. day of ... 19.... Allkin ratherine The Strudd Notary Public, residing at Light (SEAL)

СС

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

(1937 Session Laws, Chapter 139, Section 4)

349.212.006-219 RECEIVED sure the information is as of date of birth of THIS child) United States State File No. Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No. MAR 11 1941 STATE OF IDAHO Reg. Dist. No. 620. 1. PLACE OF BIRTH;
(a) County Singham 2. USUAL RESIDENCE of MOTHER: (At time of this birth) (b) City Victor (a) State / daho (b) County Bingham (c) Street Address or R.F.D. No. (c) City Victor (d) Name of Hospital or Maternity Home: Private Home Confinement (d) Street Address or R.F.D. No.... (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho?... (f) Mother's mailing address Driggs Idaho In Hosp, or Mat. Home.....days. In THIS county vears month 3. RESIDENCE of FATHER (city, state). days. 4. FULL NAME 5. Date of Birth Mabel (Month, day, year) May / 2 /89/ OF CHILD.... 7. Twin or If so-born 8. No. months 6. Sex Fe male Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? MOTHER OF CHILD FATHER OF CHILD NAME // O 11. Color 12. Age at time 18. Age at time or Race of THIS birth 2 or Race VV of THIS birth 13. Birthplace 19. Birthplace State or foreign country) (City or town) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation House WI Occupation arming 15. Industry or Industry or Business Business (d) Stillborn (c) Born alive and now dead 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) related to this child as..... (Mother, etc.) 1941. (b) Horence 25. Attendant's Elizabeth Evnon, Midwy (Registrar's signature) OWN signature Deceased (D.O., Midwife, etc.) 27. Given name added on.....by.... (Registrar's signature) and address State of.... AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. ...., being first duly sworn, say that I am...... (Related to (or) acquainted with) mabel annie ...... whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Eignon, who attended (Name of attendant at birth) said birth for now deceased ....and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Subscribed and sworn to before me on this day of. Notary Public, residing a (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

515-2+0-035-666 United States
Department of Commerce MAR 3Rc 1944 the information is as of date of birth of THIS child) State File No..... CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH: (a) County Care (b) City 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State 2 do (b) County by - Ter (c) Street Address & R.F.D No..... (c) City Leland (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....5......vrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address.... In Hosp. or Mat. Home.......days.
In THIS county. L.S...years.....months.....days. 3. RESIDENCE OF FATHER (city, state). 4. FULL NAME 5. Date of Birth (Month, day, year) how 20 -OF CHILD.... 7. Twin or If so-born 8. No. months 6. Sex. J. Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? 420 FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME 6 mm NAME..... 18. Age at time of 3...years 17. Color or Race 11. Color 12. Age at time of THIS birth. 3.2 vrs. or Race ..... ₹<sub>19.</sub> Birthplace.... 13. Birthplace. (State or foreign country) (City of town) (State or foreign country) 14. Exact 20. Exact Occupation.... Occupation ..... 15. Industry or 21. Industry or Business ..... Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child........ (b) Born alive and now living....... (c) Born alive and now dead...... (d) Stillborn...... and at the place stated above, and that personal particulars were furnished by......, who is related to this child as.....(Mother, etc.) (b) Mal 26. (a)..... 25. Attendant's Attendant's
OWN signature......M.D. or.....(D.O., Midwife, etc.) (Date received) (Registrar's 27. Given name added on.....by....(Registrar's signature) and address **AFFIDAVIT** To be completed when the attendant at birth is State of.... NOT LIVING OF CANNOT BE LOCATED. SS. County of. ....., being first dwo sworn, say that I am.... (Related to (or) acquainted with) (State relationship or acquaintance) ....., whose birth certificate (Name of person on certificate above) .....and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Subscribed and sworn to be ore me on this .... J — day of Notary Public, residing at.... (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

558 102 -683-962 309926 (Be sure the information is as of date of birth of THIS child) State File No. United States Department of Commercep R 1 1 1941 CERTIFICATE OF BIRTH Local Reg. No. Bureau of Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County Bannock (b) City Pocatello ..... (b) County Bannock (a) State Ldaho..... (c) Street Address or R.F.D. No... (c) City Pocatello (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No......? At home (e) How long has MOTHER lived in Idaho?\_\_\_\_\_vrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address Pocatello. Idaho In Hosp. or Mat. Home. 2 days. 3. RESIDENCE of FATHER (city, state) Same. IN THIS county davs month 4. FULL NAME 5. Date of Birth Martin Heyman OF CHILD... (Month, day, year)..... 7. Twin or If so-born 8. No. months 9. Legitimate? Yes 1st, 2nd, 3rd of Pregnancy 6. Sex Male Triplet FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN Samuel Heyman Lottie Rosenbaum NAME NAME. 11. Color 12. Age at time 17 Color White 18. Age at time White of THIS birth... or Race.... of THIS birth. or Race..... Kalisch, Russia. Kalisch. Russia 13. Birthplace... 19. Birthplace.... (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Hotel Proprietor Housewife Occupation..... Occupation... 15. Industry or 21. Industry of **Business** Business Hotel. Housewife 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. (c) Born alive and now dead. 1 (d) Stillborn (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by.... (First name) (Last name) related to this child as... (Mother, etc.) Attendant's (Date received) (Registrar's signature) OWN signature..... (D.O., Midwife, etc.) 27. Given name added on..... (Registrar's signature) and address Date New York AFFIDAVIT To be completed when the attendant at birth is New York County of..... NOT LIVING or CANNOT BE LOCATED. Lottie Heyman being first duly sworn, say that I am related to (Related to (or) acquainted with) Martin Heyman Mother ....., whose birth certificate (State relationship or acquaintance) (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that... (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) ....Signature N.Y. ....P. O. Address Subscribed and sworn to sefore me on this New York Co. Clark's Mo. 1.2, Rog. No. 2-Mo-83

Commission Expires March 30, 1942

(1937 Session Laws, Chapter 139, Section 4)

	866-2081035-755	2000		
ificate filing.	Department of Commerce  CERTIFICAT	of date of birth of THIS child)  E OF BIRTH  State File No  Local Reg. No		
orti	APR 1 4 1941 STATE O	F IDAHO Reg. Dist. No2.2.		
COMPLETED c lling. No charge f	1. PLACE OF BIRTH:  (a) County. Nezperce (b) CityCottonwood  (c) Street Address or R F.D No	2. USUAL RESIDENCE of MOTHER: (Always fill in these)  (a) State		
Mail for f	4. FULL NAME Marie Gentry Howell	5. Date of Birth (Month. day, year) March 8. 1891.		
te. aho,	7. Twin or If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy 9. Legitimate? Yes		
ica Id	FATHER OF CHILD	MOTHER OF CHILD		
in completing this certificate. Mail COMPLETED certificate of Vital Statistics, Boise, Idaho, for filing. No charge for filing. notey order or coin.	10. FULL NAME James Howell  11. Color 12. Age at time or Race	16. FULL MAIDEN NAME MATY Elizabeth Gentry  17. Color or White 18. Age at time of 38 race. THIS birth 38 years		
	13. BirthplaceGapCreek.NorthCarolina (City or town) (State or foreign country)	19. BirthplaceGap Creek North Carolina (City or town) (State or foreign country)		
	14. Exact Occupation Farmer  15. Industry or Business	20. Exact Occupation Housewife 21. Industry or Business		
ribbon in Bureau of V fifty cents.	22. Name prophylactic used to prevent Ophthalmia Neonatorum			
iter rib ate Bur t of fift	24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular related to this child as	ld, who was		
or BLACK Record typewriter RST CLASS postage to State . quires an advance payment of	26. (a) Office (b) Tatutus Bush (Date received) (Registrar's signature)	,		
corcosta	27. Given name added onby(Registrar's signature)	and address Date		
ACK Re LASS p an adva	State of Washington County of Asotin	AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.		
PEL.	I Laura Howell Woodring being first duly sworn, say that I am related to			
re re	Marie Gentry Howell as sister  (Name of person on certificate above) (St appears above, and that I desire to have the said birth recorder contained therein are true to the best of my knowledge. I furth	luly sworn, say that I amrelated to (or) acquainted with)  Related to (or) acquainted with)  whose birth certificate that relationship or acquaintance) ed under Chapter 139, 1937 Session Laws; and that the facts her state that Dr. Turner of Cottonwoodho attended (Name of attendant at birth)		
Use only BLACK lin envelope bearing Each certified copy	said birth. 18 now deceased (or) cannot be located)	A. 1700 COM STATE Name		
uly elop ert		Box 62, Clarkston, Wash. P.O. Address		
e or		ay of March, 1941		
E S. C.	(SEAL) Bunt V talo	My Notary Public, residing at Clarkston		

(1937 Session Laws, Chapter 139, Section 4)

1000-2 (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO 1. PLACE OF BIRTH:
(a) County Blaine (b) City Hailey 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State\_\_ldaho (b) County\_Blaine
(c) City\_Hailey (c) Street Address or R F.D No..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? 6
(f) Mother's mailing address alley, Idaho....yrs.
3. RESIDENCE OF FATHER (city, statedailey, Ida (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.......days.
In THIS county......years.....months......days. 4. FULL NAME Thomas Jefferson Mizer Jr. 5. Date of Birth (Month, day, year) 2-25-1891 7. Twin or If so-born 8. No. months 9. Legitimate? Yes 6. Sex. Male Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDENAnn Caldwell 10. FULL Thomas Jefferson Mizer NAME THUMAS OCIAOLOGI 17. Color or White 18. Age at time of 5 THIS birth.....years 11. Color 12. Age at time white of THIS birth....vrs. or Race .....WI 13. Birthplace Des Moines, Lows.

(City or town) (State or foreign country) 19. Birthplace Louisville, Kentucky
(City or town) (State or foreign country) 14. Exact 20. Exact Occupation Housewife Occupation Farmer 21. Industry or Home 15. Industry or Industry or Business Farm Business 26. (a) 4-11-1941 (b) When H. Wright (Registrar's signature) 25. Attendant's Attendant's

OWN signature......M.D. or.....(D.O., Midwife, etc.) and address State of Idaho AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. SS. Blaine County of Dialite I, Mrs. P. McMonigle being first duly sworn, say that I am acquainted with

Thomas J. Mizer. Jr. as acquaintance (Related to (or) acquainted with)

whose birth certificate (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor who attended (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Hailey, Idaho ald Notary Public, residing at Valley de (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

249.2081828-255 310040 (Be sure the information is as of date of birth of THIS child) State File No. United States Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. APR 1 7 1941 Bureau of Census STATE OF IDAHO Reg. Dist. No. COMPLETED, for filing. No 1. PLACE OF BIRTH (a) County Latah (b) City Troy (Vollmer) (a) County..... (c) Street Address or R.F.D. No... (c) City. Troy (Vollmer) (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No ..... Private Home (e) Mother's stay BEFORE delivery: (f) Mother's mailing address Vollmer, Idahó In Hosp. or Mat. Home.....days. IN THIS county 3. RESIDENCE of FATHER (city, state) month years days 4. FULL NAME 5. Date of Birth (Month, day, year) Jan. 28,1891 Eunice Agnes Bricka OF CHILD. 7. Twin or If so-born 8. No. months 6. Sex Female No 9. Legitimate? Yes Triplet 1st, 2nd, 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Melvina Senter 10. FULL George Warren Bricka NAME 18. Age at time Color 12. Age at time 17 Color White 30 White of THIS birth... or Race.... or Race.... Cincinnati, 19. Birthplace near Johnsonville, Illinois Ohio 13. Birthplace... (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Farmer Housewife Occupation... Occupation... 15. Industry or 21. Industry or Farming Housewife Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum not known 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead none(d) Stillborn one, a son. 24. I HEREBY CERTIFY That I attended the birth of this child, who was alive .....M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by George W. Bricka related to this child as Isther (First name) (Last name) (First name) (Last name) (Mother, etc.) (b) The state of t 25. Attendant's (Date received) OWN signature (D.O., Midwife, etc.) 27. Given name added on.....bv. (Registrar's signature) and address Idaho State of..... AFFIDAVIT To be completed when the attendant at birth is Latah NOT LIVING or CANNOT BE LOCATED. County of .... I. George W. Bricka being first duly sworn, say that I am. related (Related to (or) acquainted with) Eunice Agnes Bricka father ...... whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **the doctor**, who attended (Name of attendant at birth) is now deceased, and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) P. O. Address 15th 19 41. .....day of.... Subscribed and sworn to before Deary. Idaho (SEAL) ...Notary Public, residing at......

(1937 Session Laws, Chapter 139, Section 4)

(1937 Session Laws, Chapter 139, Section 4)

532:217006-493 (Be sure the information is as of date of birth of THIS child) State File NA 1 150 United States Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of Census STATE OF IDAHO Reg. Dist. No..... near 1. PLACE OF BIRTH 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) County Bingham (b) CityEagle Rock (c) Street Address or R.F.D. No. (a) State Idaho (b) County Bingham (c) City near Eagle Rock (Now Ideho File (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... born at home (e) How long has MOTHER lived in Idaho? 9 1/3s (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. (f) Mother's mailing address..... IN THIS county 9 years 3 month 11 3. RESIDENCE of FATHER (city, state) Idaho 4. FULL NAME 5. Date of Birth Lucy Elizabeth Else OF CHILD.... (Month, day, year) Aug. 17.1891. 7. Twin or If so-born 8. No. months 6. Sex female 1st, 2nd, 3rd 9. Legitimate? Triplet of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Charles Else Leona Elizabeth Mitchell NAME..... 11. Color 12. Age at time 17 Color 18. Age at time white of THIS birth 29 white of THIS birth 22 or Race.... or Race.... Pennsylvania (State or foreign country) 13. Birthplace Pottstown 19. Birthplace Macoupin Co. Illinois
(City or town) (State or foreign country) (City or town) 14. Exact 20. Exact Occupation housewife Occupation Farmer 15. Industry or 21. Industry or Farming ditto Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child. I. (b) Born alive and now living. 1 (c) Born alive and now dead (d) Stillborn none 24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 1:00 A. M. on the date (born alive stillborn) Else Fortiner, who is (First name) (Last name) related to this child as mother (Mother, etc.) grandmother. 26. (a) May 6 - 19 1 25. Attendant's OWN signature deceased (Date received) (Registrar's signature) (D.O., Midwife, etc.) 27. Given name added on.....by... and address Date (Registrar's signature) State of California AFFIDAVIT To be completed when the attendant at birth is County of Los Angeles NOT LIVING or CANNOT BE LOCATED. I Leonælse Fortiner being first duly sworn, say that I am related to (Related to (or) acquainted with) Lucy Elizabeth Else mother ...... whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rebecca Mitchell who attended (Name of attendant at birth) is dead and that this birth has not been previously recorded. said birth... (Is now deceased (or) cannot be located) 8477 San Miguel Ave, Southgate Call O. Address Subscribed and sworn to before me on this 23rd day of Why Notary Public, residing at Los Angeles, Cal. (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

552-202-001-766 United States (Be sure the information is as of date of birth of THIS child) State File Nu. Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of Census STATE OF IDAHO Reg. Dist. No..... 1 PLACE OF BIRTH 2. USUAL RESIDENCE of MOTHER (At time of this birth) \_\_ (b) City\_BOISE (a) County\_\_\_ADA\_\_\_ (a) State IDAilO \_\_\_\_ (b) County\_\_\_ADA\_ (c) Street Address or R.F.D. No ... BOISE (c) City..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. N. 214 O'FARRELL (private home) (e) How long has MOTHER lived in Idaho?\_\_\_\_\_yrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address BOISE (was) In Hosp, or Mat. Home, days. 3. RESIDENCE of FATHER (city, state) BOISE IDAHO IN THIS county X years four month X 4. FULL NAME 5. Date of Birth OF CHILD FAY GRENDOLYN NESBITT (now Mrs bwater)(Month, day, year) Dec. 2, 1891. 8. No. months 7. Twin or If so-born 6. Sex female Triplet 1st, 2nd, 3rd of Pregnancy 9 9. Legitimate? yes. FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME Sinnie Stuart Powers 10. FULL George ( Nesbitt/ 11. Color 12. Age at time Color 18. Age at time White or Race White or Race... of THIS birth... of THIS birth 29 19. Birthplace Mansfield Ohio. 13. Birthplace Pitsdon Penn. U.S. A.
(City or town) (State of foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation Farmer Occupation housewife (former milliner) 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthaimia Neonatorum. XXXXXX 23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living 2 (d) Stillborn XXXXXXXXX (c) Born alive and now dead 1 (night) A. M. on the date 24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born slive, stillborn) and at the place stated above, and that personal particulars were furnished by Mirmie S. Weskitt related to this child as MUIHER (First name) (Last name) (Mother, etc.) (b) Mabel F. Elder 25. Attendant's (Date received) (Registrar's signature) (D:O pridwire, ever OWN signature.... by Malu 27. Given name added on..... Date and address-(Registrar's signature State of Idaho. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Ada. I Edna Earle Johnson being first duly sworn, say that I am related to an aunt (her mothers sister), whose birth certificate Fay gwendelym Nesbitt-Atwater (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Drochas We Powers who attended (Name of attendant at birth) is now deceased. and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Signature Signature 402 Union st., Beise, Idaho. .P. O. Address Subscribed and sworn to before me on this 13 th day of May 1941. Notary Public, residing at... (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

	367.207.092-962			311633
certifi- charge	United States (Be sure the info Department of Commerce	CERTIFICATE	date of birth of THIS child) OF BIRTH	State File No.
	Bureau of Census	STATE OF		Reg. Dist. No.
Mail COMPLETED Idaho, for filing. No coin.	(c) Street Address or R.F.D. No (d) Name of Hospital or Maternity Home:  At home  (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Homedays. IN THIS county years 6 month		(f) Mother's mailing addre 3. RESIDENCE of FATHER	(b) County Lincoln  D. No.  ER lived in Idaho? 2 yrs.  Shoshone  R (city, state)
	4. FULL NAME OF CHILD Iva Florence Cox		5. Date of Bi (Month, da	rth ay, year) March 7, 1891
certificate. ics, Boise, 7 order or	6. Sex <b>female</b> 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? Yes
	FATHER OF CHILD  10. FULL Henry P. Cox		MOTHER  16. FULL MAIDEN NAME Anna Robi	OF CHILD
in completing this cert eau of Vital Statistics, of fifty cents, money or	11. Color or Race White of THIS birth  13. Birthplace New Castle (City or town)  14. Exact Occupation Miner  15. Industry or Business	d gn country)	17 Color or Race White 19 Birthplace Coleville.	18. Age at time of THIS birth 20 yrs.  Utah (State or foreign country)
ribbon itate Bur ayment (	22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn			
rd typewrited postage to a	(born alive, stillborn)  and at the place stated above, and that personal particulars were furnished by (First name) (Last name)			M. on the date, who is me) (Last name)
CK Record typewriter CLASS postage to S requires an advance p	26. (a) Charte received (b) (Registrar's example) (Registrar's exa	s signature)	25. Attendant's OWN signatureand address	
<b>⊿</b> □ □	State of Idaho County of Ada ss.		AFFIDAVIT To be completed NOT LIVING or CAN	
e only BLACK Ink or BLA e in envelope bearing FIRS' filing. Each certified copy	I, Anna Robinson Cox  Iva Florence Eox  (Name of person on certificate above) appears above, and that I desire to have the sail	as (Sta d birth recorded edge. I further and that this	other (R	Laws; and that the facts contact tat birth)
ng.		150	2 North 7th Street, Bo	<b>ise, Idaho</b> P. O. Address
Use o cate ii for fill	Subscribed and sworn to before me on this	X Church	of May Notary Public, residing	at Boise Idaho

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce 8 1	c sure the information is as of date of birth of CERTIFICATE OF BIRTH STATE OF IDAHO	311647 of THIS child) State File No
1. PLACE OF BIRTH: (a) County ATAH (b) (c) Street Address or R.F.D. No (d) Name of Hospital or Materni PRIVATE RESUDA (e) Mother's stay BEFORE delivation of the county	City MOSCOW  NOT NAMED  ity Home: ENCE  very: MOSCOW  days. AT HOME  (a) State  (c) City M  (d) Street  (e) How lo  (f) Mother	ESIDENCE of MOFHER: (At time of this birth)  IDAHO. (b) County LATAH  MOSCOW  Address or R.F.D. No  Ing has MOTHER lived in Idaho? yrs  's mailing address OLYMPIA WASH  CE of FATHER (city, state): DECEASED  5. Date of Birth  (Month, day, year) OCTOBER4.18
6. Sex SON 7. Twin or Triplet	If so—born 8. 1st, 2nd, 3rd	No. months of Pregnancy 9 9. Legitimate? VFS
11. Color or Race WHITE 12. A of state of Race WHITE of State of Race WHITE 13. Birthplace BATAVIA  14. Exact (City or town) 15. Industry or Business  22. Name prophylactic used to preve 23. Number of children of this moth (c) Born alive and now dead NO  24. I HEREBY CERTIFY That I att	oman Hammond ge at time THIS birth 22 yrs.  ILUINO/S (State or foreign country) TER  19. Birthplace 20. Exact Occupation 21. Industry o Business  nt Ophthalmia Neonatorum er: (a) At time of birth and including this choice.  THIS birth 22 yrs.  19. Birthplace 19. Exact Occupation 19. Exact Occupation 19. Birthplace 19. Exact Occupation 19. Exact O	nild MANE(b) Born alive and now living#
related to this child as.  (Mot 26. (a) Mou S-194 (b)  (Date received)  27. Given name added on	(Registrar's signature) OWN sign	ature M.D. (D.O., Midwife, etc.
(Name of person on certificate at 25 appears above, and that I desire to h	Swiff, being first duly sworn, say  man mass  (State relationship or ac  lave the said birth recorded under Chapter 1:  f my knowledge. I further state that  and that this birth has not been put to be located)	that I am (Related to (or) acquainted with)  (Related to (or) acquainted with)  (Quaintance) 39, 1937 Session Laws; and that the facts con-  (Name of attendant at birth)  previously recorded.  P. O. Address  19, 44  10, 19, 44  11, 19, 44  11, 19, 44  12, 19, 44  13, 19, 44  14, 19, 44  15, 19, 44  16, 19, 44  17, 19, 44  18, 19, 44  19, 44

(1937 Session Laws, Chapter 139, Section 4)

There the birth of a child born prior to the effective date of Chapter 19, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report any birth which has occurred subsequent to such date, such report any birth which has occurred subsequent to such date, such report any birth which has occurred subsequent to such date, such report and uses prescribed in the Bureau of vital statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-122-295 313027 PEC sure the information is as of date of birth of THIS child) United States State File No. Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... MAY 26 Bureau of Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County Tauko (b) City Mear Grangerille (a) State Idaho (b) County Idaho (c) Street Address or R.F.D. No. CA. Farm (c) City Menr Or angeville (d) Name of Hospital or Maternity Home: 1+ Home (d) Street Address or R.F.B. No. Furm (e) How long has MOTHER lived in Idaho? \_\_\_\_\_\_vrs. (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address Grangeville In Hosp, or Mat. Home.....davs. 3. RESIDENCE of FATHER (city, state) Gangeville The IN THIS county 4/ years month days 4 FULL NAME 5. Date of Birth (Month, day, year) May 22 OF CHILD.... 7. Twin or If so-born 8. No. months Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? Yes FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME/NI/Ium Daniel Fertins Jane 11 Color 12. Age at time 17 Color 18. Age at time of THIS birth 28 vrs of THIS birth. or Race 13. Birthplace.... 19. Birthplace... (State or foreign country) (State or foreign country) (City or town) (City or town) 14. Exact 20. Exact Housewife Occupation..... Occupation.... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum... 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None 5.30 A. M. on the date 24. I HEREBY CERTIFY That I attended the birth of this child, who was 2014 Hiller (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by OFA related to this child as Auat m Notices Sint (First 1) (First name) (Last name) (Mother, etc.) 25. Attendant's (Date received) (Registrar's signature OWN signature.... (D.O., Midwife, etc.) 27. Given name added on.... (Registrar's signature) and address State of I dal b AFFIDAVIT To be completed when the attendant at birth is County of NPZ PIREP NOT LIVING or CANNOT BE LOCATED. -, being first duly sworn, say that I am Related (Aunton Mothers Side) (Related to (or) acquainted with) Aunton Mothers Side Kelph Emerson ............ whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts cononly BLACK in envelope be filing. Each cer tained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth) deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Subscribed and sworn to before me on this 23 (SEAL) Notary Public, residing at.

(1937 Session Laws, Chapter 139, Section 4)

129-220-60-681		3/328	
	sure the information is as	of date of birth of THIS child)	State File No. 313257
Department of Commerce Bureau of the Census	CERTIFICATI	E OF BIRTH	Local Reg. No
	STATE O	F IDAHO	Reg. Dist. No
1. PLACE OF PETH: (a) County (b) (c) Street Address or R.F.D. No (d) Name of Hospital or Maternity		(a) State Samo (c) City Sless (d) Street Address or R.F.D	). No
(e) Mother's stay BEFORE delive In Hosp. or Mat. Home	days.	(f) Mother's mailing addre	R lived in Idaho?yr
In THIS county years	month days.	3. RESIDENCE of FATHER	(city, state):
4. FULL NAME Truytle	Leah aker	Shopk Dale of B	irth ay, year) lug 70, 189
6. Sex Jewale Twin or Triplet	11 so—born 1st, 2nd, 3rd	of Pregnancy	9. Legitimate?
10. FULL CLEATHER OF CH	e at time 3.7 yrs.	16. FULL MAIDEN NAME 17. Color or Race	OF CHILD  OF CHI
13. Birthplace (City or town)  14. Exact Occupation 15. Industry or	(State or foreign country)	19. Birthplace (City or town) 20. Exact Occupation 21. Industry or	(State or foreign country)
22. Name prophylactic used to preven 23. Number of children of this mother (c) Born alive and now dead  24. I HEREBY CERTIFY That I attention	: (a) At time of birth and (d) Stillborn	including this child	Born alive and now living
and at the place stated above, and related to this child as(Mothe		(born alive, stillborn) were furnished by(First 1	
26. (a) June 13, 1941 (b)	Mabel F. Elder	25. Attendant's	
(Date received)	(Registrar's signature)	OWN signature	M.I (D.O., Midwife, etc
27. Given name added onb	(Registrar's signature)	and address	Date
State of Idaho County of Lincoln			when the attendant at birth in NNOT BE LOCATED.
<sub>I,</sub> Carrie Grosse Myrtle Leah Akins	es COHE	in	whose hirth certifical
(Name of person on certificate about appears above, and that I desire to ha	ve) (Sta ve the said birth recorded	te relationship or acquaintance) under Chapter 139, 1937 Session	Laws; and that the facts cor
tained therein are true to the best of said birth is now decease	d and that this bir	th has not been previously record	
(Is now deceased (or) cannot	be located) Can	in grosse	Signatur
			P.O. Addres
$\mathcal{M}$	/2th -		
Subscribed and sworn to be to be	e on this // Our day	of February	, 15
(SEAL)	11 anou	Notary Public, residing at	SHOPHOHA, TOWNO

(1937 Session Laws, Chapter 139, Section 4)

<u>o</u> I	United States Department of Commerce Bureau of Census  PECEIVED the information is as CERTIFICATE STATE O		State File No
stage to State Bureau of Vital Statistics, Boise, Idaho, for filing. advance payment of fifty cents, money order or coin.	PLACE OF BIRTH  (a) County Lectures. (b) City Italia. (c) Street Address or R.F.D. No. 14 Form. (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. IN THIS county years month days  4. FULL NAME OF CHILD  (5. Sectional Triplet 1st, 2nd, 3rd)  FATHER OF CHILD  (10. FULL NAME OF CHILD  (11. Color White 12. Age at time or Race of THIS birth 14 yrs.  (13. Birthplace Will (State or foreign country)  (4. Exact Occupation Oc	(f) Mother's mailing addre  3. RESIDENCE of FATHER  5. Date of Bi (Month, da  8. No. months of Pregnancy  MOTHER  16. FULL MAIDEN NAME  17 Color or Race  19. Birthplace (City or town)  20. Exact Occupation 21. Industry or Business  de including this child (b) E  child, who was (born alive, stillborn)  s were furnished by	OTHER (At time of this birth) (b) County (1) (c) Co
SSS	(Date received) (Date received) (Registrar's signature) (Registrar's signature)	OWN signature	(D.O., Midwife, etc.) Date
e bearing FIRST:	County of	tate relationship or acquaintance) ed under Chapter 139, 1937 Session	NOT BE LOCATED.  Lelated to (or) acquainted with)  whose birth certificate  Laws; and that the facts contact at birth)  recorded.  Signature  P. O. Address

(1937 Session Laws, Chapter 139, Section 4)

,	169 103-006-755			313389
certifi- charge	United States Department of Commerce	•	s of date of birth of THIS child) TE OF BIRTH	State File No.
5 <del>.</del> G	Bureau of Census		OF IDAHO	Local Reg. No
COMPLETED , for filing. No	1. PLACE OF BIRTH 10N (a) County Birth (c) Street Address or R.F. (d) Name of Hospital or I	D. No		(b) County Sergham  F.D. No.
ail C aho, í n.	(e) Mother's stay BEFORI In Hosp, or Mat. Hom IN THIS county	ı <b>ęda</b> ys.		ess clustificat Jako.
re. Coi	4 FULL NAME Jame	y glva Jordan	5. Date of E	
ificat Bois der c	6. Sex male 7. Tw	vin or If born iplet 1st, 2nd, 3r	8. No. months of Pregnancy	9. Legitimate?
his cert atistics, oney or	10. FULL NAME Oseph. 3	OF CHILD  Lynn Jordan  12 Age at time	16 DITT MATDEN.	OF CHILD  Lyalette Tevens  18/Age at time
pleting t Vital Str cents, m	or Race While  13. Birthplace City or town	of THIS birth yrs.	or Race White  19. Birthplace (City gr town)	of THIS birth 74 yrs.  What  (State or foreign country)
in compeau of of fifty	14. Exact Occupation Torrespond to the second to the secon	ming	20. Exact Occupation 21. Industry or Business	mife me
ribbon tate Bur ayment	23. Number of children of thi	prevent ophthalmia Neonatoru s mother: (a) At time of birth : ead (d) Stillborn	and including this child 2 (b)	Born alive and now living. 2
writer to S nce p		hat I attended the birth of this	(born alive, stillborn)	
typer ostage advar	related to this child as	(Mother etc.)	ars were furnished by (First n	ame) (Last name)
70 5 -		(L) 11\ \(\alpha\)   \(\alpha\)   \(\begin{array}{c} \lambda \lambda \\ \alpha\)   \(\alpha\)   \(\alpha\)	A1 25 A44	
or a	(Date received)	(b) (Registrar's signature)	25. Attendant's OWN signature	
Record LASS Fuires ar	(Date received)  27. Given name added on	(Registrar's signature)		(D.O., Midwife, etc.) Date
LACK Record RST-CLASS I	27. Given name added on State of California County of Les Angeles	(Registrar's signature) by (Registrar's signature)  signature)  signature)	and address  AFFIDAVIT To be completed NOT LIVING or CAN	(D.O., Midwife, etc.) Date  when the attendant at birth is NOT BE LOCATED.
DE BLACK Record FIRST-CLASS I	State of California County of Los Angeles I, Agnes J. Harris	(Registrar's signature) by (Registrar's signature)  ss.  ss.	OWN signature and address  AFFIDAVIT To be completed NOT LIVING or CAN duly sworn, say that I am.	when the attendant at birth is NOT BE LOCATED.
Ink or aring l	State of California County of Las Angeles  [ James Al va Jorda	(Registrar's signature)  by (Registrar's signature)  ss.  ss.  certificate above) size to have the said hirth record	and address  AFFIDAVIT To be completed NOT LIVING or CAN duly sworn, say that I am photos (Capper 139 1937 Session ded under Chapter 139 1937 Session ded under Chapter 139 1937 Session ded under Chapter 139 1937 Session	when the attendant at birth is NOT BE LOCATED.  Aunt of Related to (or) acquainted with)  whose birth certificate  n Laws: and that the facts con-
Ink or aring l	State of California County of Las Angeles  [ James Al va Jorda	(Registrar's signature)  by (Registrar's signature)  ss.  ss.  certificate above) sire to have the said birth recore best of my knowledge. I furt	OWN signature and address  AFFIDAVIT To be completed NOT LIVING or CAN duly sworn, say that I am.  Phow  State relationship or acquaintance) ded under Chapter 139, 1937 Sessio her state that Bair (Name of attenda this birth has not been previously	when the attendant at birth is NOT BE LOCATED.  Aunt of  Related to (or) acquainted with)  whose birth certificate and Laws; and that the facts conditat birth)  recorded.
Ink or aring l	State of California County of Las Angeles  [ James Al va Jorda	(Registrar's signature)  by (Registrar's signature)  ss.  ss.  ss.  pertificate above) sire to have the said birth recore best of my knowledge. I further than that the standard or cannot be located)  ss.	OWN signature and address  AFFIDAVIT To be completed NOT LIVING or CAN duly sworn, say that I am phow State relationship or acquaintance) ded under Chapter 139, 1937 Sessio her state that Martha Bair (Name of attenda this birth has not been previously	when the attendant at birth is NOT BE LOCATED.  Aunt of Related to (or) acquainted with) , whose birth certificate n Laws; and that the facts conditated birth recorded.  Signature
Ink or aring l	State of California County of Ibs Angeles  I, Agnes IX Harris  Name of person on appears above, and that I destand therein are true to the said birth New Dece  Subscribed and sworn to	(Registrar's signature)  by (Registrar's signature)  ss.  ss.  ss.  pertificate above) sire to have the said birth recore best of my knowledge. I further than that the standard or cannot be located)  ss.	OWN signature and address  AFFIDAVIT To be completed NOT LIVING or CAN duly sworn, say that I am.  Phow (State relationship or acquaintance) ded under Chapter 139, 1937 Sessio her state that Martha Bair (Name of attenda this birth has not been previously I No. Tamarind St. Co day of June	when the attendant at birth is NOT BE LOCATED.  Aunt of Related to (or) acquainted with) , whose birth certificate n Laws; and that the facts conduct at birth) recorded.

(1937 Session Laws, Chapter 139, Section 4)

	818-118 629 695	212540
certifi- charge	United States (Be sure the information is a	s of date of birth of THIS child) State File NS 13548
har	Department of Commerce JUN 1 7 19CERTIFICA	TE OF BIRTH Local Reg. No.
	Bureau of Census STATE	OF IDAHO Reg. Dist. No
ΞŻ	1. PLACE OF BIRTH	2. USUAL RESIDENCE of MOTHER (At time of this birth)
PLET filing.	(a) County. Latah (b) City near Moscov (c) Street Address or R.F.D. No.	(a) State Idaho (b) County Latah (c) City. near Moscow
IIII	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No.
COMPLETED ), for filing. No	At parents' home	(e) How long has MOTHER lived in Idaho? 12 yrs.
$\Sigma_{-}^{\circ}$	(e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Home	(f) Mother's mailing address Garrield, Wash.
Mail C Idaho, coin.	IN THIS county 12 years month days	3. RESIDENCE of FATHER (city, state) MOSCOW
AH S	4. FULL NAME Elvin Elmer Hayden	5. Date of Birth (Month, day, year) Nov. 18,1891
sate oise	7 Twin or If so—born	n _ 8. No. months
de Mili	6. Sex Male Triplet Twin 1st, 2nd, 3r	
cer ics,	FATHER OF CHILD	MOTHER OF CHILD  16. FULL MAIDEN
uis tist iney	NAME Thomas Alexander Hayden	16. FULL MAIDEN NAME Matilda Ann Fields
completing this certificate. I of Vital Statistics, Boise, iifty cents, money order or	11. Color or Race White 12. Age at time of THIS birth 46 yrs.	17 Color or Race White 18. Age at time of THIS birth 33 yrs.
ting al	13. Birthplace Unknown Missouri	19. Birthplace Brownsville, Oregon
er Çit	(City or town) (State or foreign country)	(City or town) (State or foreign country)
com u of fifty	Occupation Farmer	Occupation HOUSEWITE
n c gau f fii	15. Industry or Business Farming	21. Industry or Business
on i	22. Name prophylactic used to prevent Ophthalmia Neonatoru	<del>- 1</del>
l typewriter ribbon in ostage to State Bureau advance payment of fi	23. Number of children of this mother: (a) At time of birth	and including this child 6 (b) Born alive and now living 4
r ri Stat	(c) Born alive and now dead 2 (d) Stillborn 1	
i c i	24. I HEREBY CERTIFY That I attended the birth of this	child, who was at M. on the date (born alive, stillborn)
ge and	and at the place stated above, and that personal particul	ars were furnished by, who is
typ sta	(Mathan ata)	. (First name) (Last name)
Record ASS po-	26. (a) 7 1941 (b) (Registrar's signature)	25. Attendant's OWN signature M.D.
SSS	27. Given name added on by	(D.O., Midwife, etc.)
I A	(Registrar's signature)	and address Date
LCK T-CL requi	State of Washington County of States   ss.	AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
Ink or BLACK earing FIRST-C		
교토 S	I, Fred Thomas Hayden , being first	duly sworn, say that I am related to  (Related to (or) acquainted with)
ied o	Elvin Elmer Hayden as	brother whose birth certificate
ri ear	*Name of person on certificate above) appears above, and that I desire to have the said birth recor	State relationship or acquaintance) ded under Chapter 139, 1937 Session Laws; and that the facts conher state that Mrs. Burden, who attended
M -0 .	tained therein are true to the best of my knowledge. I furt	(Name of attendant at birth)
LA lop	said birth 15 now deceased and that  (fs now deceased (or) cannot be located)	this birth has not been previously recorded.
E P	Lip now account (or, common to recurrent)	Signature Signature
e in envelope le filing. Each c	1/65-	Keway Vashing ton P. O. Address
e ii ii	Subscribed and sworn o before me on this 16	day of June, 1941.
Use cate for f	(SEAL) LUNCK Aure	Notary Public, residing at Colville, Wosh

(1937 Session Laws, Chapter 139, Section 4)

٠.	7-1/2	The state of the s	
_	719-120-021-543		313689
		of date of birth of THIS child)	State Evic Me
certifi- charge	Department of Commerce CERTIFICAT	F OF RIRTH	
9.43	11111 1 0 1 1 1 1		Local Reg. No
	STATE O	F IDAHO	Reg. Dist. No
No No	1. PLACE OF BIRTH	2. USUAL RESIDENCE of M	OTHER (At time of this birth)
PLET. filing.	(a) County Franklin (b) City Franklin	(a) State Idaho	(b) County Franklin
7.5	(c) Street Address or R.F.D. No.	(c) City Franklin	`
G iii	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F	.D. No
COMPLETI 5, for filing. 1			ER lived in Idaho?yrs.
ΣŢ.	(e) Mother's stay BEFORE delivery: In Hosp, or Mat. Homedays.	(f) Mother's mailing addre	ss Franklin Idaho
E # 5	IN THIS county years month days	3. RESIDENCE of FATHER	R (city. state)
Mail Idaho coin.		5. Date of Bi	
	4 FULL NAME William Nuttall Porkinson	(Month, da	ay, year) Dec. 20, 1891
is o	7. Twin or If so—born	8. No. months	
E PE	6. Sex Male Triplet 1st, 2nd, 3rd		9. Legitimate? Yes
certificate. ics, Boise, y order or	FATHER OF CHILD	MOTHER	OF CHILD
ig ti.g	10 FULL NAME Franklin Chandler Porkinson	16. FULL MAIDEN	Juttall
tis tis	11. Color 1/1/2 12. Age at time 25	17 Color	18 Ago at time
Sta mo	or Race While 12. Age at time 32 yrs.	or Race White	18. Age at time of THIS birth 27 yrs.
S, 138		Manalasta	& Freday dia 1864
ita	13. Birthplace Kaysville, Utah in 1859 (City or town) (State or foreign country)	19. Birthplace //ancleste  (City or town)  20. Exact Occupation	(State or foreign country)
		20. Exact hous	owife a
fty	Occupation Farmer & Merchant		& INemchant
, E	15. Industry or	21. Industry or	To 1/2 /2 1 1585
1 1 1 9 d	Business Moved into Franklin in spring 1860		an lemple Jan. 1, 1885
ii Bğ	22. Name prophylactic used to prevent Ophthalmia Neonatorum		
ribb ate ] yme	23. Number of children of this mother: (a) At time of birth ar	id including this child. (b) E	sorn alive and now living
Sta	(c) Born alive and now dead (d) Stillborn	/	77: IF D
ite Porte	24. I HEREBY CERTIFY That I attended the birth of this of	child, who was orn alive at (born alive, stillborn)	M. on the date
nc t	and at the place stated above, and that personal particular		, who is
y age	related 10 this child as.	(First na	me) (Last name)
ty ad	(Mother etc.)		
ភិក្ខុដ	26. (a)UN 4 8 1341 (b) 1 1 1 1 1 1 2 1 1 1 1	25. Attendant's	14.5
္ကိုလ္က ရ	(Date received) (Registrar's signature)	OWN signature	(D.O., Midwife, etc.)
AS res	(Date received) (Registrar's signature)  27. Given name added on by (Registrar's signature)	and address	Date
A I I	State of California	ADDIDANTO DE LE LE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 T E	State of Ss.	AFFIDAVIT To be completed	
S S F	County of Los Angeles ss.	NOT LIVING or CAN	NOT BE LOCATED.
BL, FIRS copy	I, Ada N. Parkinson, being first of	duly sworn say that I am	lated to
2 7 E			delated to (or) acquainted with)
iec.		tate relationship or acquaintance)	whose birth certificate
H a H	appears above and that I desire to have the said birth record	ed under Chapter 139, 1937 Session	Laws; and that the facts con-
저성원	appears above, and that I desire to have the said birth record tained therein are true to the best of my knowledge. I furth	er state that Mary Howk	s , who attended
5 8 E		(Name of attendan is birth has not been previously	t at birth)
J. S. S.		Xde M. Parkin	
H M			JIgirature
Ly ng n	717	1. Louise, Glendale,	California P. O. Address
e only BLACK le in envelope bez	Subscribed and sworn to before me, on thisd	ayof April	
Use cate for 1	Thomas Valen	WowNotary Public, residing	as Ins Angeles Caril
<b>⊅</b> 2.5	(SEAR) ANTHUM FINING	Notary Fublic, residing	

(1937 Session Laws, Chapter 139, Section 4)

(Be sure the information is as of date of birth of THIS child) MUN 2 3 1947 Department of Commerce State File No..... CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State + ATAH / DAMO (b) County L. A. T. A. H. (c) City M.O. S. C. O. (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....vrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address. Moscow In Hosp, or Mat. Home.....days. In THIS county.....vears.....months.....days. 3. RESIDENCE OF FATHER (city, state) MOSCOW, 10h 4. FULL NAME CHARLES FARLI HARRIS Date of Birth (Month, day, year). Self-18-1891 5. Date of Birth 7. Twin or If so-born 8. No. months MALE 1st. 2nd. 3rd Triplet of Pregnancy 9 9. Legitimate? YES FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN ELIZABETH ANN GREEN 10. FULL NAME ELI HENRY HAPPIS 12. Age at time 11. Color WHITE of THIS birth.......vrs. or Race .. YATES CENTER 19. Birthplace.... (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation FARMER Occupation HOUSE WIFE 21. Industry or 15. Industry or Business ..... Business and at the Wace stated above, and that personal particulars were furnished by......, who is (Mother, etc.) 25. Attendant's Attendant's
OWN signature......M.D. or.....(D.O., Midwife, etc.) 27. Given name added on.....by.....by..... and address Date (Registrar's signature) State of..... AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of being first duly sworn, say that I am.... as a consider the sold high sold hig (Name of person on certificate above) (Is now deceased (or) cannot be located) day of Subscribed and sworn to before me on this..... (SEAL)

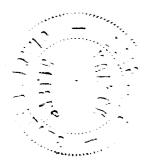
(1937 Session Laws, Chapter 139, Section 4)

certifi- charge	867-204-044-85 United States Department of Commerce Bureau of Census	(Be sure the	information is as  CERTIFICATI  STATE O		State File No. Local Reg. No. Reg. Dist. No.
tail COMPLETED laho, for filing. No in.	1. PLACE OF BIRTH  (a) County  (c) Street Address or (d) Name of Hospital  (e) Mother's stay BEF In Hosp. or Mat.	R.F.D. No. or Maternity Home	<u> </u>	2. USUAL RESIDENCE of M  (a) State (c) City (d) Street Address or R.F.  (e) How long has MOTHE	
≥¤ S	9 07	L Lee Nop	If so—born	8. No. months	rth ay, year) 3-4-1891
oleting this certificate. Vital Statistics, Boise, sents, money order or	10. FULL NAME  11. Color or Race  13. Birthplace City or to	12. Age at time of THIS bi	112	MOTHER  16. FULL MAIDEN NAME  17 Color or Race  19. Birthplace Tairful (City of town)	9. Legitimate?  OF CHILD  Sella Heggens  18. Age at time of THIS birth 37 yrs.  (State or foreign country)
bbon in comp e Bureau of nent of fifty	<ul> <li>14. Exact Occupation 15. Industry or Business</li> <li>22. Name prophylactic use</li> <li>23. Number of children o</li> </ul>	ed to prevent Ophtha f this mother: (a) A	at time of birth an	20. Exact Occupation 21. Industry or Business  d including this child 3 (b) Exact (b) Exact (c) Comparison (c) Comparison (d) Exact (d)	
typewriter ri stage to Stat advance payı	and at the place state	Y That I attended to ed above, and that I	personal particular	child, who wasat(born alive, stillborn) s were furnished by(First na	
Record ASS poires an	26. (a) JUN Date received 27. Given name added on	bv	rar's signature	25. Attendant's OWN signature and address	(D.O., Midwife, etc.) Date
or BLACK g FIRST-CL d copy requi	State of Saho County of Cha I, Carptin A Naci Lee Hop	V. miller	•	AFFIDAVIT To be completed NOT LIVING or CAN luly sworn, say that I am A L	NOT BE LOCATED.  Lead to (or) acquainted with)
e only BLACK Ink e in envelope bearin filing. Each certifig	(Name of person	on certificate above I desire to have the the best of my kno	said birth recorde owledge. I furthe	tate relationship or acquaintance) ed under Chapter 149, 1937 Session	, who attended
Use only cate in envelopment	Subscribed and sworn (SEAL)	to before me on	this 17 th di	y of Sure  Notary Public, residing	Jalen. Address

(1937 Session Laws, Chapter 139, Section 4)

.1 <b>u</b>	415 115 001-392			315039
certifi- charge	United States (Be sure the in Department of Commerce	nformation is as of CERTIFICATE	date of birth of THIS child) OF BIRTH	State File NoLocal Reg. No
O O	Bureau of Census	STATE OF		Reg. Dist. No.
certificate. Mail COMPLETED cs, Boise, Idaho, for filing. No y order or coin.	1. PLACE OF BIRTH  (a) County (b) City (c) Street Address or R.F.D.No. (d) Name of Hospital or Maternity Home:  (c) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days. IN THIS county 3 years more		(c) City (d) Street Address or R.F.I	(b) County
rtificate. I Boise, I order or	6. Sex male 7. Twin or Triplet	Javisson  If so—born 1st, 2nd, 3rd	5. Date of Birt (Month, day 8. No. months of Pregnancy	y year) 4-15-1891
ng this cell Satistics,	10. FULL SATHER OF CHILD NAME Sharpe Frank Of 11. Color or Race White of THIS bir	- /		8. Age at time of THIS birth 33 yrs
in completi eau of Vita of fifty cen	13. Birthplace (City of town) (State or fore Occupation. Tarme:  15. Industry or		19. Birthplace (City or town)  20. Exact Occupation (City or town)  21. Industry or Business	(State or foreign country)
ribbon in tate Bureau	Business  22. Name prophylactic used to prevent Ophtha 23. Number of children of this mother: (a) At (c) Born alive and now dead (d) St	ulmia Neonatorum t time of birth and cillborn		orn alive and now living 6
typewriter stage to St dvance pa	24. I HEREBY CERTIFY That I attended t and at the place stated above, and that p related to this child as	ersonal particulars	(born alive, stillborn) were furnished by	
Record transfer to LASS post iires an ac	27. Given name added on by	ar's signature)	25. Attendant's OWN signature and address	(D.O., Midwife, etc.) Date
BLACK FIRST-Cl	State of Stall Ses. State of Stall Ses.		NOT LIVING & CANN ly swom, say that Lam	OT BE LOCATED.
CK Ink or e bearing	(Name of person on certificate above) appears above, and that I desire to have the stained therein are true to the best of my kno said birth.	said birth recorded owledge. I further	State relationship or acquaintance) under Chapter 139, 1927 Session state that (Name of attendant birth has not been previously re	corded.
se only BLA(te in enveloper filing. Each	(Is now deceased (or) cannot be locat  Subscribed and sworn to before mo on the state of the sta	Bo	of Notary Public, residing	P. O. Address
<b>⊃</b> 23 ℃	\/	,	J. T. J. T. Labrier, Tourishing	

(1937 Session Laws, Chapter 139, Section 4)



ED certifi- No charge	United States  Department of Commerce (Be sure the information is as CERTIFICATE  Bureau of Census  (Be sure the information is as CERTIFICATE  14  94  STATE O	E OF BIRTH Local Reg. No
tte. Mail COMPLETED se, Idaho, for filing. No	4. FULL NAME Florence Josephine Brophy	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) County Kootenai (c) City Rathdrum (d) Street Address or R.F.D.No (e) How long has MOTHER lived in Idaho? Nine yrs. (f) Mother's mailing address Rathdrum, Idaho 3. RESIDENCE of FATHER (city, state) Same  5. Date of Birth (Month, day year) May, 29, 1891
completing this certificate, of Vital Satistics, Boise, I lifty cents, money order or	6. Sex Female 7. Twin or Triplet 1f so—born 1st, 2nd, 3rd  FATHER OF CHILD  10. FULL Joseph George Brophy  11. Color or Race White 12. Age at time of THIS birth 42 yrs.  13. Birthplace Cincinnati, Ohio  (City or town) (State or foreign country)  Farmer  14. Exact Occupation	8. No. months of Pregnancy Nine 9. Legitimate? Yes  MOTHER OF CHILD  16. FULL MALIEN NAME VIOLET Etta Mulkins  17. Color or Race White 18. Age at time of THIS birth 27 yrs  19. Birthplace Burlington, Iowa (City or town) (State or foreign country)  20. Exact Occupation Housewife
typewriter ribbon in stage to State Bureau advance payment of	(c) Born alive and now dead (d) Stillborn  24. I HEREBY CERTIFY That I attended the birth of this c  and at the place stated above, and that personal particular related to this child as	hild, who wasatM. on the date (born alive, stillborn)  s were furnished by(First name) (Last name)
Ink or BLACK Record bearing FIRST-CLASS perified conv requires an	County of Clark (55.	25. Attendant's  OWN signature  and address  AFFIDAVIT To be completed when the attendant at birth is  NOT LIVING or CANNOT BE LOCATED.  Suly sworn, say that I am  Related  (Related to (or) acquainted with)  (State relationship or acquaintance)  of under Chapter 139, 1937 Session Laws; and that the facts constant that The Table of Shaper who attended
Use only BLACK In cate in envelope bearifor filing Each certif	said birth deceased and that the said birth (Is now deceased (or) cannot be located)  Subscribed and sworn to before me on this 10 the said birth (Is now deceased (or) cannot be located)	(State relationship or acquaintance) of under Chapter 139, 1937 Session Laws; and that the facts construct that Violet Shipley Mulkins who attended to birth has not been previously recorded.  Signature  P. O. Address by of 1977  Notary Public, residing at Communications.

7-17-41

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

.는 보	493205029-897		315486
certifi- charge	United States (Be sure the information is as of CERTIFICATI	•	State File No.
875	Bureau of Census Latah III 14 1941 STATE O		Local Reg. NoReg. Dist. No
PLETED ling. No			
ng.	1. PLACE OF BIRTH (b) City Moscow	2. USUAL RESIDENCE of M	
API fili	(c) Street Address or R.F.D.No	(c) City mosens	Latah
ĘĞ.		(d) Street Address or R.F.	D.No. R lived in Idaho? yrs.
:= 6 <del>i</del>	(e) Mother's stay BEFORE delivery: In Hosp, or Mat. Homedays.	(f) Mother's mailing addre	ss )
Ma [da] coi	IN THIS county years month days	3. RESIDENCE of FATHER	(city, state) Morecond, 2
or Je	4. FULL NAME still (Estelle) may	nitchell 5. Date of Bir	th y year) Nov 5_1891
fica Bois der	7. Twin or If so—born	8. No. months	
erti s, ]	6. Sex female Trip'et 1st, 2nd, 3rd FATHER OF CHILD	of Pregnancy	9. Legitimate? Ves
is c stic	10. FULL /	16 ETTT T MEATINEME A	The Hegginell
Sati me	11 Color / 12 Age at time -		18. Age at time
ting tal nts,	or Race of THIS birth 2 8 yrs.	or Race	of THIS birthZyrs
ple Vir	13. Birthplace (City or town) (State or foreign country)	(City or town)	(State or foreign country)
con of iffy	14. Exact Occupation	20. Exact Occupation	wise
in eau of	15 Industry or Business	21. Industry or Business	
Bur	22 Name prophylactic used to prevent Ophthalmia Neonatorum		
ribk ate yme	23. Number of children of this mother: (a) At time of birth an (c) Born alive and now dead (d) Stillborn	d including this child (b) B	orn alive and now living
iter St pa	24. I HEREBY CERTIFY That I attended the birth of this cl	hild, who was Born also at	M. on the date
ewr e to	and at the place stated above and that personal particulars	(born alive, stillborn) s were furnished by	
typ stag adva	related to this child as (Mother, etc.)	First nar	ne) (Last name)
P g H	26 (a) .IUL 14 1941 (b) Malul 1-8-lelus	_ 25. Attendant's OWN signature and	Franklin Faller
Seconomy SSN SSN SSN	(Date received) (Registrar's signature)  27. Given name added on by		(Dabastitu wite, etc.)
K I	(Registrar's signature)	and address Aentry	Unk Date 3-5-41
AC.	State of Chranesas Ss. 'Ss. 'Ss. 'Ss. 'Ss. 'Ss. 'Ss. 'Ss.	AFFIDAVIT To be completed NOT LIVING or CANN	
BI. P. P. P	a we withell	/~	There I
o maio Hao	Fill (Entille) Man With 1911	uly sworn say that I am Rela	ted to (or) acquainted with)
iris Hifie	(Name of person on certificate above)	/O1 - 1 2 - 1 : 1 :	whose Wirth certificate
전 및 유	appears above, and that I desire to have the said birth recorde tained therein are true to the best of my knowledge. I further	r state that	Laws; and that the facts con- , who attended
AC ope	said birth is now disclased and that this	(Name of attendants birth has not been previously r	ecorded.
E E	(1s now deceased (of) cannot be located)	mes 7 banklin	milchell Signature
nly ing.	my Can. 2. Dec. 18. 1943.	Berety list	P. O. Address
o.∺ Ei∺o		y of	19.4
E at E	(SEAL)	Notary Mablic, residing	al

(1937 Session Laws, Chapter 139, Section 4)

	4913-201-001 485		
certifi- charge	United States (Be sure the information is as Department of Commerce CERTIFICAT	of date of birth of THIS child) E OF BIRTH	State File N.315672 Local Reg. No.
G S	Bureau of Census JUL 1 9 1941 STATE C	OF IDAHO	Reg. Dist. No.
Mail COMPLETE Idaho, for filing. I	Bureau of Census  JUL 19 1941  1. PLACE OF BIRTH  (a) County Ada (b) City Boise (c) Street Address or R.F.D.No. Idaho (d) Name of Hospital or Maternity Home:  1dwife Maternity Home - no name (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. 7 days. IN THIS county 7 years -nonth -days	(c) City Bolse (d) Street Address or R.F (e) How long has MOTHE	(b) County Ada  D.No.808 Idaho St.  R lived in Idaho? 22 yrs. ss 808 Idaho St.
rtificate. N Boise, Id order or	4. FULL NAME OF CHILD Katherine Lucille Miller	Saylors 5. Date of Bir (Month, da	th y year)September 1 1891.
this cer Satistics, money	6. Sex Female Triplet Single 1st, 2nd, 3rd FATHER OF CHILD 10. FULL NAME Joseph Morgan Miller 11. Color 12. Age at time	mother  16. FULL MAIDEN NAME MATY Eather	18 Age at time
mpleting of Vital ty cents,	or Race White of THIS birth 37 yrs.  13. Birthplace Cherryvale, Tennessee  (City or town) (State or foreign country)	or Race White  19. Birthplace Red Warr:  (City or town)	
ter ribbon in comp State Bureau of payment of fifty	Occupation Advertising man with  15 Industry or Anaconda Standard of Business Anaconda Montana	Occupation School To 21. Industry or Rural Sch Business Emmet V	alley
r ribbo state B aymen	<ol> <li>Name prophylactic used to prevent Ophthalmia Neonatorum</li> <li>Number of children of this mother: (a) At time of birth ar</li> <li>(c) Born alive and now deadnone (d) Stillborn</li> </ol>		orn alive and now livingOne
ord typewrites postage to S un advance p	24. I HEREBY CERTIFY That I attended the birth of this cand at the place stated above, and that personal particular related to this child as (Mother, etc.)	(born alive, stillborn) s were furnished by (First nar	
ecord SS pos	26. (a) July 19-1941 (b) Mary 7 Eleer	25. Attendant's OWN signature	M.D. (D.O.,Midwife,etc.)
CK Rec F-CLASS requires	27. Given name added on by (Registrar's signature)	and address	Date
or BLACK Record FIRST-CLASS po	State of California   SS.   County of Fresno   Mary Eathell   I Mary Brown-Lewers formerly being first of the California   Katherine Lucille Miller, now as   (Name of perion on certificate above)   appears above and that I decire to have the said birth record	AFFIDAVIT To be completed miller LIVING or CANN	when the attendant at birth is NOT BE LOCATED.
CK Ink bearing certified	tained therein are true to the best of my knowledge. I further	er state that Mrs. Rube Rol	tat birth) who attended
only BLACK in, envelope l filing. Each c	said birth. 18 now deceased and that the Mary New Lewers from 1375  Subscribed and sworn to before me on the 19th Mary	is birth has not been previously readfull Muller Arthur Ave. Fresno	California Signature
Use cate for fi	(SEAL)	(%)	at Fresno, Californi

(1937 Session Laws, Chapter 139, Section 4)

# 316940 238-212-108-231 sure the information is as of date of birth of THIS child) State File No United States Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of Census Reg. Dist. No..... STATE OF IDAHO 1. PLACE OF BIRTH 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) County (b) (c) Street Address or R.F.D.No.... (a) State Idaho, (b) County Bouss (c) City Garden Valle (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D.No..... (e) How long has MOTHER lived in Idaho?... (e) Mother's stay BEFORE delivery: (f) Mother's mailing address yarden Lalle In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) & ander Not IN THIS county month days FULL NAME ( 5. Date of Birth OF CHILD.... (Month, day year) Wasch If so-born 7. Twin or 8. No. months Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate? 428 FATHER OF CHILD. MOTHER OF CHILD 16 FULL MAIDEN NAME. 17. Color of THIS birth... of THIS birth. 1.0 German 13. Birthplace. 19. Birthplace. (State or foreign (City or town) (State or foreign country) 20. Exact House wil Occupation... Occupation.... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) related to this child as..... (Mother, etc.) 25. Attendant's OWN signature..... (Date received) (D.O., Midwife, etc.) 27. Given name added on..... and address Date (Registrar's signature) AFFIDAVIT To be completed when the attendant at birth is State of... County of. NOT LIVING or CANNOT BE LOCATED. being first duly sworn, say that I am selates (Related to (or) acquainted with) whose birth certificate Name of person on certificate above)

[State relationship or acquaintance]

[State relationship or acquainta is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) .P. O. Address Subscribed and sworn to before me on this.... (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

certifi charge	United States (Be sure the information is as of CERTIFICATION  Bureau of Census  (Be sure the information is as of CERTIFICATION  CERTIFICATION  STATE OF	E OF BIRTH Local Reg. No.
COMPLETED for filing. No	1. PLACE OF RIRTH  (a) County Washingtonb) City Cambridge  (c) Street Address or R.F.D.No.  (d) Name of Hospital or Maternity Home:	2. USUAL RESIDENCE of MOTHER (At time of this binth)  (a) State 10ano (b) County 2 Shington  (c) City Cambridge  (d) Street Address or R.F.D.No.
Mail C Idaho, r coin.	(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home	(e) How long has MOTHER lived in Idaho? 8 yrs. (f) Mother's mailing address Cambridge, Ida. 3. RESIDENCE of FATHER (city, state) Cambridge,
rtificate. Boise, I	4. FULL NAME OF CHILD EZRA LEWIS BAIN  7. Twin or If so—born 1st, 2nd, 3rd	5. Date of Birth (Month, day year) Sept. 21, 1891  8. No. months of Pregnancy 9 9. Legitimate? Yes
ng this cer 1 Satistics, is, money o	FATHER OF CHILD  10. FULL Ezra William Bain  11. Color or Race W of THIS birth 21 yrs.	MOTHER OF CHILD  16. FULL MAIDEN AVA Rilla Darnall  17. Color W 18. Age at time of THIS birth 18 yrs
completing of Vital	13. Birthplace Colony, Kansas  (City or town) (State or foreign country)  14. Exact Occupation Farmer	19. Birthplace Fort Worth, Texas (City or town) (State or foreign country)  20. Exact Occupation Housewife
ribbon in ate Burea tyment of	15 Industry or Business Farm  22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and (c) Born alive and now dead 0 (d) Stillborn 0	21. Industry or Business Home O I including this child 1 (b) Born alive and now living 1
typewriter stage to St advance pa	24. I HEREBY CERTIFY That I attended the birth of this ch	were furnished by  (First name)  (Last name)  (In the date of the
Record ASS po res an	26. (a) (b) (Registrar's signature) 27. Given name added on by (Registrar's signature)	►25. Attendant's  OWN signature
SLACK RST-CL py requi	o	AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
K Ink or BLAC bearing FIRST- certified copy re	I, Ava Rilla Bain, being first du Zra lewis Bain as as appears above, and that I desire to have the said birth recorder tained therein are true to the best of my knowledge. I further	Mother (State relationship or acquaintance) whose birth certificate (state relationship or acquaintance) and that the facts constate that Dr. Hunt who attended
e only BLACK e in envelope be filing. Each cer	said birth 1s now deceased and that this (Is now deceased (or) cannot be located)	(Name of attendant at birth)  s birth has not been previously recorded.  Va Pilla Jana Signature  Cambridge Idaba
Use onl cate in for filin	Subscribed and sworn to before me on this 30th day	of July, 1941 Notary Public, residing at Cambridge, Ida.

1817 3 33 12

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

493.1181044-367 #317265 (Be sure the information is as of date of birth of THIS child) United States State File No... Department of CommercAUG 11 1941 CERTIFICATE OF BIRTH Local Reg. No. Bureau of Census Reg. Dist. No. COMPLETED for filing. No STATE OF IDAHO 1. PLACE OF BIRTH
(a) County Washington (b) City Salubria 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) Count Vashington (c) Street Address or R.F.D.No..... (c) City Salubria (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D.No.... (e) How long has MOTHER lived in Idaho..... (e) Mother's stav BEFORE delivery: (f) Mother's mailing address Salubria Idaho In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city state) Salubria time of birth Both dead now Iden c IN THIS county vears month days 4. FULL NAME Daniel Logan Mickey (Month, day year April 18, 1891 7. Twin or If so-born 8. No. months 9. Legitimate? Yes Male 6. Sex No Triplet 1st, 2nd, 3rd of Bregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Ellen Logan NAME Francis Marion Mickey 11. Color 12. Age at time 17. Color 18. Age at time White White of THIS birth 35 vrs or Race..... or Race. Evanston, Illinois 19. Birthplace. 10 Mi.So Omaha. Nebraska (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Housewife Farmer Occupation..... Occupation..... 15 Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child. 8 (b) Born alive and now living 4 (c) Born alive and now dead 5 (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) related to this child as ..... 26. (a) AUG 11 1941 25. Attendant's (Registrar's signature) OWN signature (Date received) (D.O., Midwife, etc.) 27. Given name added on by... (Registrar's signature) and address Date State of Idaho AFFIDAVIT To be completed when the attendant at birth is County of Ada NOT LIVING or CANNOT BE LOCATED. Ernest H. Mickey , being first duly sworn, say that I am related to (Related to (or) acquainted with) Brother Daniel Logan Mickey ........... whose birth certificate (State relationship or acquaintance) (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1934 Session Laws; and that the facts contained therein are true to the fact of my knowledge. I further state that MISO LKISON who attended tained therein are true to the best of my knowledge. I further state that..... only BLACK in envelope filing. Each o (Name of attendant at birth) cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) 513 Haines Street, Boise, Idaho P. O. Address 8th day of August. 1941. Subscribed and swern to before me on this..... Probate Judge Public, residing tat, Idaho.

(1937 Session Laws, Chapter 139, Section 4)

	f63-226.028	-869		
certifi-	United States Department of Commerce Bureau of Census	(Be sure the information is as of CERTIFICATE  STATE OF	OF BIRTH	State File <b>317343</b> Local Reg. No. Reg. Dist. No.
il COMPLETED 10, for filing. No n.	1. PLACE OF BIRTH  (a) County  (c) Street Address or R.F.I.  (d) Name of Hospital or M  (e) Mother's stay BEFORE	AUG 15 1941  AUG 15 Sandpoint  D.No. Railroad Ave.  aternity Home:	2. USUAL RESIDENCE of MO (a) State Idaho (c) City Sandpoint (d) Street Address or R.F. (e) How long has MOTHE	OTHER (At time of this birth) (b) County Corres  D.No. Railroad Ave.  R lived in Idaho? 3 vrs.
Mail Idaho coin.	In Hosp, or Mat. Home IN THIS county 5	days. years month days	3. RESIDENCE of FATHER  5. Date of Bir	·th
ertificat s, Boise 7 order	7. Twi	in or If so—born lst, 2nd, 3rd	8. No. months	y year) July 26, 1891  9 9 Legitimate? Yes
pleting this certificate. Vital Satistics, Boise, cents, money order or	10. FULL George Well	lington Holton  12. Age at time of THIS birth 41 yrs.	16. FULL MAIDEN NAME Delia Ar	nanda Horning 18. Age at time of THIS birth 32 yrs
ribbon in complet tate Bureau of Vit ayment of fifty cer	13. Birthplace Kent Court  14. Exact Occupation Woods: 15 Industry or Business None	(State or foreign country)	19. Birthplace Watson (City or town)  20. Exact Occupation House 21. Industry or Business None	(State or foreign country)
2 (A) O		prevent Ophthalmia Neonatorum	including this child 6 (b) B	
Record typewrite ASS postage to ires an advance	and at the place stated aborelated to this shill as	nat I attended the birth of this chi ove, and that personal particulars Mother (Mother, etc.)	(born alive, stillborn) were furnished by <b>Delia</b>	
CK Record F-CLASS por requires an	26. (a) (Date received) 27. Given name added on	(b). (Registrar's signature) by (Registrar's signature)	25. Attendant's OWN signature and address	
or BLACK g FIRST-CL d copy requi	State of Idaho County of Bonner		FFIDAVIT To be completed on NOT LIVING or CANN	NOT BE LOCATED.
Ink earing rtifie	(Name of person on cappears above, and that I desitained therein are true to the	ton as (3) ertificate above) (4) re to have the said birth recorded best of my knowledge. I further	State relationship or acquaintance under Chapter 139, 1937 Session state that MTS. Ferguso (Name of atterdant	Laws; and that the facts con-
only BLACK in envelope b filing. Each ce	said birth 18 now deceased (or Subscribed and sworm to	cannot be located)	birth has not been previously re	Signature P. O. Address , 19 41
Use cate	(SEAL)	Evere Ledu	Notary Public, residing	at Sandpoint, Idaho

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

	epartment of Commerce 🐔	FICATE TATE OF	date of birth of THIS chi	Local	File No. 31.7502
1.	PLACE OF BIRTH (All items at time of this birth)  (a) County Lincoln (b) City Shoshone  (c) Street Address or R.F.D. No None  (d) Name of Hospital or Maternity Home:  Home  (e) Mothers stay BEFORE delivery: In THIS county years months	:	2. USUAL RESIDENCE (a) State Idaho (c) City 50 (d) Street Address of (e) How long has M	OF MOTHER (At ti	
4.	FULL NAME OF CHILD Elizabeth Lee Earnhardt 7. Twin or If so—		5. 8. No. mont	Date of Birth of Ch Month, day, year hs	Dec. 27, 1891
6.		nd, 3rd	of Pregne	ncy	9. Legitimate? Yes
10	FATHER OF CHILD FULL		16. FULL MAIDEN	MOTHER OF CH	IILD
IU.	wram James Wood Farmhandt		NAME AN	ne May Mull	ins
	. Color or Race. White 12. Age at time of THIS birth 26	yrs.	17. Color or Race White	18. <i>I</i>	Age at time of THIS birth 23
13	Birthplace Lexington, N. C. (City or town) (State or foreign country		19. Birthplace	Lincoln Cou	State or foreign country
14.	Exact	1	20 Exact		
	Occupation Machinist		Occupation	Housewife	
22.	. Industry or Business R. R.  . Name prophylactic used to prevent Ophthalmia Neonatorum  . Number of children of this mother: (a) At time of birth and in	ncluding th	nis child		
22. 23.	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in	ncluding th	Business  nis child	(b) Born alive and	now living
22. 23.	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in  ATTEN  I HEREBY CERTIFY That I attended the birth of this child, w	ncluding the IDANT'S Control was	Business  his child  ERTIFICATE  (Born alive, stillbor	(b) Born alive and	now living
22. 23.	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in  ATTEN  I HEREBY CERTIFY That I attended the birth of this child, w  and at the place stated above, and that personal particulars	ncluding the IDANT'S Control was	Business  his child  ERTIFICATE  (Born alive, stillbor	(b) Born alive and	now living
22. 23. 24.	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in  ATTENI  I HEREBY CERTIFY That I attended the birth of this child, w and at the place stated above, and that personal particulars who is related as	ncluding the IDANT'S Country was	Business  nis child  CERTIFICATE  (Born alive, stillbor ished by	(b) Born alive and	now livingM. on the
22. 23. 24.	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in ATTEN.  I HEREBY CERTIFY That I attended the birth of this child, we and at the place stated above, and that personal particulars who is related as	ncluding the IDANT'S Country was	Business  his child  ERTIFICATE  (Born alive, stillbor	(b) Born alive and	now living
22. 23. 24. 25.	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in ATTEN.  I HEREBY CERTIFY That I attended the birth of this child, w and at the place stated above, and that personal particulars who is related as	ncluding the DANT'S Control of the was were furnitude.	Business  is child  CERTIFICATE  (Born alive, stillbor ished by	(b) Born alive and	now livingM. on the
22. 23. 24. 25.	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in  ATTEN  I HEREBY CERTIFY That I attended the birth of this child, w and at the place stated above, and that personal particulars who is related as.  (Mother, etc.)  Attendant's (Mother, etc.)  Attendant's Minute of California State of California State of California State of Los Angeles State Openity of Los Angeles	meluding the DANT'S Control was  were furnited	Business  inis child  CERTIFICATE  (Born alive, stillbor ished by	(b) Born alive andatat (First name)  FFIDAVIT attendant does not	now living
22. 23. 24. 25.	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in ATTEN.  I HEREBY CERTIFY That I attended the birth of this child, w and at the place stated above, and that personal particulars who is related as	meluding the DANT'S Control was  were furnited	Business  inis child	(b) Born alive andatat (First name)  FFIDAVIT attendant does not	now living
22. 23. 24. 25. Sto	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in  ATTEN  I HEREBY CERTIFY That I attended the birth of this child, w and at the place stated above, and that personal particulars who is related as.  (Mother, etc.)  Attendant's (Mother, etc.)  Attendant's Minute of California State of California State of California State of Los Angeles State Openity of Los Angeles	meluding the DANT'S Control of the was  were furnitude of the control of the was  D	Business  inis child	(b) Born alive and	now living
22. 23. 24. 25. Sto Co	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in  ATTEN  I HEREBY CERTIFY That I attended the birth of this child, w  and at the place stated above, and that personal particulars who is related as.  (Mother, etc.)  Attendant's (Mother, etc.)  Attendant's Minute Minute of California (Mother) ss.  I, the undersigned, being first duly sworn, say that I am the cove, that I am now 76 (Last name) (Last name)	meluding the CDANT'S Control of the	Business  This child	(b) Born alive and	now living
22. 23. 24. 25. Sto	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in ATTEN.  I HEREBY CERTIFY That I attended the birth of this child, we and at the place stated above, and that personal particulars who is related as.  (Mother, etc.)  Attendant's (Mother, etc.)  Attendant's Minate of California Minate of California Sunty of Los Angeles  I, the undersigned, being first duly sworn, say that I am the prove, that I am now 76 years of age	meluding the depth of my know the meluding t	Business  This child	(b) Born alive and	now living
22. 23. 24. 25. Sto Co	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in  ATTEN  I HEREBY CERTIFY That I attended the birth of this child, w  and at the place stated above, and that personal particulars who is related as.  (Mother, etc.)  Attendant's (Mother, etc.)  Attendant's Minute Minute of California (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the cove, that I am now 76 (Last name)  (First name) (Last name)  attendant (Last name)  (Test name) (Last name)  attendant the facts on the certificate above are true to the best of	meluding the DANT'S Control of my know	Business  inis child	(b) Born alive and at	now living
22. 23. 24. 25. Sto Co	Business R. R.  Name prophylactic used to prevent Ophthalmia Neonatorum  Number of children of this mother: (a) At time of birth and in  ATTEN  I HEREBY CERTIFY That I attended the birth of this child, w  and at the place stated above, and that personal particulars who is related as.  (Mother, etc.)  Attendant's (Mother, etc.)  Attendant's Minute Minute of California (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the cove, that I am now 76 (Last name)  (First name) (Last name)  attendant (Last name)  (Test name) (Last name)  attendant the facts on the certificate above are true to the best of	meluding the DANT'S Control of the Market In	Business  inis child	(b) Born alive and at	now living

(1937 Session Laws, Chapter 139, Section 4)

State File N317502 (Be sure the information is as of date of birth of THIS child) United States Department of Commercia Bureau of Census CERTIFICATE OF BIRTH Local Reg. No. Reg. Dist. No. STATE OF IDAHO 1. PLACE OF BIRTING (b) City Sho 2. USUAL RESIDENCE of MOTHER (At time of this birth) ho (b) County-Cinhon (c) Street Address or R.F.D.No. (c) City Shus (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D.No.... (e) How long has MOTHER lived in Idaho?.... (e) Mother's stay BEFORE delivery: (f) Mother's mailing address..... In Hosp, or Mat. Home.....days. IN THIS county years month davs 3. RESIDENCE of FATHER (city, state) 4. FULL NAME C 5. Date of Birth OF CHILD (Month, day year) 12-2 If so-born 8. No. months Twin or Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate? MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN 10. FULL NAME NAME... 11. Color / 12. Age at time 17. Color of THI birth 23 of THIS birth.... or Race. (State or foreign country) 14. Exact 20. Exact Occupation. Occupation... 21. Industry or 15 Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) related to this child as (Last name) (Mother, etc.) 25. Attendant's OWN signature (Date received) (Registrar's signature) (D.O., Midwife, etc.) 27. Given name added on..... and address (Registrar's signature) Date AFFIDAVIT To be completed when the attendant at birth is County of Zon NOT LIVING or CANNOT BE LOCATED. and Earshould being first duly sworn, say that I am. (Belated to (or) acquainted with) ..... whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) man, who attended and that this birth has not been previously recorded (Is now deceased (or) cannot be located) Subscribed and sworn to before me on this... in and for the County of Los Angeles, State of California

(1937 Session Laws, Chapter 139, Section 4)

# STATE OF IDAHO DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

State of	Affidavit to Correct CALIFORNIA	or Amend An Or	riginal Certificate	of Birth or Death Certificate No. 317502
County of	SAN DIEGO	ss.		Date Filed
The unde	ersigned does solemnly swe	ear that certain facts or	n the certificate of	birth
forEli	zabeth Lee Earnhar (Name on Original Certific	cdtwh	o Was born (Was Born or Died)	(Birth or Death) on December 27, 1893 (Date of Event)
in Shos	shone, Idaho (Place of Event) Photo	stat of Family Bi	were omitted; and the	ed by BVS Sept. 2, 1954
true facts ar	e snown by(Bible Record, I	nsurance Policy, Etc.)	epared on	(Give Date)
FACTS ("Name," "Bir	TO BE CORRECTED th Date," "Cause of Death," Etc. of birth	FROM	189 <b>3</b>	ጥስ
D. P. Notary	Public, residing at Nat mission expires My Commission Expire	ional City, Cali	a death record; o	rent or attendant if correcting a birth rec., funeral director, informant if correcting rother credible person.)  Mathicallety, Callety dal at Address, City, State)
	CALIFORNIA SUPPO	RTING AFFIDAVIT O	F A SECOND PERSO	N
State or	SAN DIEGO	ss.	[This Affiday (See Chapter 13:	rit MUST Also be Executed. 9, 1937 Idaho Session Laws.)]
are true to t	he best of his knowledge.			ets as set forth above and that they
August	and sworn to before me th		Signed (Signature	of Any Credible Person) for imple
Notary	Public, residing at Natio	mal City, Calif.	6/7-740	, _ / / ] -
My com (Seal)	mission expires. My Commission Expires.	cpires July 9, 1958	(Stree	et Address, City, State)

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charge	United States Alic 2 (Be sure the informati	ion is as of date of TIFICATE OF BIE	birth of THIS child)	State Pile HU
ch Ch	- 10TI	TATE OF IDAH		Reg. Dist. No.
COMPLETED, for filing. No	1. PLACE OF BIRTH  (a) County BIAINE  (b) City Walls  (c) Street Address or R.F.D. No.  (d) Name of Hospital or Maternity Home:	2. USU (a) (c) (d)	State JA JO City HA JO Street Address of R.F	OTHER (At time of this birth) (b) County 1910 (NE
ail CC aho, fe	(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Homedays. IN THIS county years month	(f)	Mother's mailing addre	<del>_</del>
ite. Ma se, Idi or coi	4. FULL NAME WILLAM. Glen	Price.	5. Date of Bi	
rtifica , Boi rder		so—born _2nd, 3rd		MO 9. Legitimate? ↓ € S
his ce tistics oney o	10. FULL NAME // ARK. PRICE. SR. 11. Color 12. Age at time Above	NA	ME JAJONITA	. NETTIE/ ICKE) 18. Age at time
ting ti al Sta its, m	or Race W/// TE of THIS hirth 3.1  13. Birthplace JAMES TOWN , NEW	yrs. or YORK 19. Bir	Race WHITE thplace Quency	of THIS birth 27 yrs.
omple of Vit fty cer	(City or town) (State or foreign of Occupation NECHANIC	20. Ex	act cupation	(State or foreign country)  Se W/FC
ı in c ıreau of fii	15. Industry or Business WE// DRI///N	S Bu	lustry or siness	
ribbor tate Bu ayment	and at the place stated above, and that personal particulars were furnished by  related to this child as (Mother, etc.)  (First name) (Last name)			Born alive and now living
writer to S				M. on the date
type ostage adva				
P d g	(Date received) (Registrar's sig		tendant's VN signature	(D.O., Midwife, etc.)
AS. ires	27. Given name added on by (Registrar's sig	nature) and	d address	Date Date
ACK ST-CI	State of Adaho ss.		VIT To be completed NOT LIVING or CAN	when the attendant at birth is NOT BE LOCATED.
or BILA	I, Mame of person on certificate above)  appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that A A A A A A A A A A A A A A A A A A A			
K Ink bearin certifi				
BLAC velope Each				
e only BLACK 1 e in envelope bes filing. Each cer'	Subscribed and sworn to before me on this	day of	2 Bass	P. O. Address
Use cate for f	(SEAL)	1 3.	Notary Public, residing	Die Ida

(1937 Session Laws, Chapter 139, Section 4)

. <u>.</u> e	814 220629 913	210000			
certifi- charge		s of date of birth of THIS child)  TE OF BIRTH  State File N. 18820  Local Reg. No.			
		OF IDAHO Reg. Dist. No			
COMPLETED, for filing. No	i. PLACE OF BIRTH  (a) County Latah  (b) City Kendrick  (c) Street Address or R.F.D.No  (d) Name of Hospital or Maternity Home:	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State School (b) County Latah (c) City Mendruk (d) Street Address or R.F.D.No.			
Mail Co Idaho, f coin.	, (c) Mother's stay BEFORE delivery: In Hosp, or Mat. Homedays, IN THIS county years month days	(e) How long has MOTHER lived in Idaho? yrs.  (f) Mother's mailing address Lendruk. Idaho  3. RESIDENCE of FATHER (city, state) Kandruk Idaho			
certificate. cs, Boise, I	4. FULL NAME Philips Hamley OF CHILD Philips Hamley 7. Twin or 6. Sex Lemale Triplet Ist, 2nd, 3rd	5. Date of Birth (Month, day year) 1891  8. No. months			
this cert itistics, noney or	10. FULL HENRY Hamley	MOTHER OF CHILD  16. FULL MAIDEN Jugura Path bun			
pleting t Vital Sa cents, 1	11. Color or Race White 12. Age at time of THIS birth 31 yrs.  13. Birthplace Riphan Wisconsin (State or foreign country)	17. Color or Race 20 18. Age at time of THIS birth 2 b yrs  19. Birthplace Melvina Wisconsin (City or town) (State or foreign country)			
in in compute in in compute it of fifty	14. Exact Occupation Saddle and harness business 15. Industry or Business Hamley and Company	1 30 12			
er ribbon State Bur payment	22. Name prophylactic used to prevent Ophthalmia Neonatorum				
typewrites stage to S advance p	24. I HEREBY CERTIFY That I attended the birth of this child, who was to the form alive, stillborn) and at the place stated above, and that personal particulars were furnished by Telatile, who related to this child as (First name) (Last name)				
CK Record ty F-CLASS post requires an ad	related to this child as (Nother, etc.)  26. (a) (Date received (Registrar') Signature)  27. Given name added on by (Registrar's signature)	and address Production, Or a Date 8 144 4			
FIRST-C	State of County of Ss.	AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.			
nk or Hring FI	(Related to (or) acquainted with)  (Name of person on certificate above)  appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts of tained therein are true to the best of my knowledge. I further state that				
ACK In					
BLACI velope Each	(Is now deceased (or) cannot be located)	Signature			
only in en filing.	Subscribed and sworn to before me on this				
Use tate or	(SEAL)	Notary Public, residing at			

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8-25-41

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#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

418 126 145-418 State File No 318869 United States (Be sure the information is as of date of birth of THIS child) COMPLETED certificate in filing. No charge for filing. United States
Department of Commerce
Bureau of the Censul G 29 CERTIFICATE OF BIRTH Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH: 2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) County Alturas (b) CityBallayna (now Blaine County (a) State Idaho (c) Street Address or R.F.D. No. (c) City \_\_Bellevue (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No.... at home (e) How longhad MOTHER lived in Idaho? 10 to 15 ura (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home....days. (f) Mother's mailing address...Deceased. In THIS county 10\_15 years 3. RESIDENCE of FATHER (city, state): Deceased \_ month days. 5. Date of Birth February 20, 1891 4. FULL NAME VERNON JESSE DAYTON OF CHILD. (Month, day, year)..... If so-born 7. Twin or 8. No. months 6. Sex male Triplet 1st. 2nd. 3rd of Pregnancy 9 9. Legitimate? ves MOTHER OF CHILD FATHER OF CHILD 10. FULL 16. FULL MAIDEN William Preston Dayton NAME NAME Josephine: Phenriatte Dayton 11. Color 12. Age at time 17. Color 18. Age at time white of THIS birth 32 or Race. or Race. of THIS birth 30 13. Birthplace Cedar Fort IItah 19. Birthplace Codar Fort (City or town) (State or fereign-country) (City or town) (State OF foreign country 14. Exact. 20. Exact Occupation (deceased) (deceased) Occupation ..... 15. Industry or was employed at Minnie-More 21. Industry or Housewife to take \*\*\* Business Business Name prophylactic used to prevent Ophthalmia Neonatorum..... Name prophylactic used to prevent Ophthalmia Neonatorum.

Number of children of this mother: (a) At time of birth and including this child. 4. (b) Born alive and now living. 2. (c) Born alive and now dead 2 (d) Stillborn (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) related to this child as (Mother, etc.) or tall(a) 25. Attendant's (Date received) (Registrar's signature) OWN signature..... M.D. 27. Given name added on\_\_\_\_\_\_by\_\_\_\_(Registrar's signature) (D.O., Midwife, etc.) and address Date State of Idaho ss. AFFIDAVIT To be completed when the attendant at birth is County of Ada NOT LIVING or CANNOT BE LOCATED. I, MAUD E MARTIN , being first duly sworn, say that I am related to aunt (Related to (or) acquainted with) Vernon Jesse Dayton as Aunt (own sister of his mother) ..... whose birth certificate (Name of reproduct above) (State relationship or acquaintance) appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) ..... who attended is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) ( Mand E. Martin 708 O'Farrell Street, Boise, Idaho. P.O. Address 1th day of. Subscribed and sworn to before me on this.... ousens Notary Public, residing at Boise

(1937 Session Laws, Chapter 139, Section 4)



#318912 464 226 008 417 State File No.318912 (Be sure the information is as of date of birth of THIS child) United States Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of Census STATE OF IDAHO Reg. Dist. No. 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County Boise (b) City Idaho City (a) State Idaho (b) County Boise (c) Street Address or R.F.D. No. (c) City Idaho City (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? 13 vrs. (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address Idaho City, Idaho In Hosp. or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) Idaho Cy 2 IN THIS county 73 years month davs 4. FULL NAME 5. Date of Birth (Month, day year). Apr. 26. 1891 OF CHILD Charlotte Hazel Dodge 8. No. months If so-born 7. Twin or 6. Sex Female Triplet ----1st. 2nd. 3rd of Pregnancy 9. Legitimate? YCS FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Ella Magee 10. FULL NAME William Dodge Color 18. Age at time of THIS birth 17 yrs. 12. Age at time 17. Color 11. Color or Race White of THIS birth. 25.....vrs. 13. Birthplace Boise County Idaho 19. Birthplace Philadelphia, Fa. (City or town) (State or foreign country) (City or town) (State or foreign country) 20. Exact 14. Exact Occupation Farmer Occupation Housewife 15. Industry or 21. Industry or Business **Business** (c) Born alive and now dead -- (d) Stillborn ----and at the place stated above, and that personal particulars were furnished by......, who is related to this child as (First name) (Last name) related to this child as..... 26. (a) SFD 8 (b) Mother, etc.) TE 22. Attendant's OWN signal OWN signature M.D. 27. Given name added on by (Registrar's signature) (D.O.,Midwife,etc.) and address State of Tdano ss. AFFIDAVIT To be completed when the attendant at birth is County of Ada NOT LIVING or CANNOT BE LOCATED I, Gertrude Tipton , being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Charlotte Hazel Bodge as an acquaintance , whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) said birth is now deceased (or) cannot be located)

(Name of attendant at birth)

(Is now deceased (or) cannot be located) Gertrude Tipton Signature 211 West Jefferson St., Boise, Idaho P. O. Address Subscribed and sworm to before me on this 8th day of September 1941.

(SEAL)

Described and sworm to before me on this 8th day of September 1941.

(1937 Session Laws, Chapter 139, Section 4)

962/219028 812 1044Be sure the information is as of date of birth of THIS child) State File NO. Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No.... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH: . 2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) County Kastenai (b) City Coeur D'Alene (a) State Idaho (b) County Kootenal (c) Street Address or R.F.D. NoFort Sharman Idaho. (c) City Caeur D'Alene (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: (d) Street Address or R.F.D. No. Fart Sherman Idaha (e) How long has MOTHER lived in Idaho? FLVE vrs. In Hosp, or Mat. Home.....days. (f) Mother's mailing addressfertSherman, Idaho. In THIS county T years 3. RESIDENCE of FATHER (city, state) Forther mantal month davs. 4. FULL NAME 5. Date of Birth Roberts OF CHILD..... (Month, day, year) August 19,1991 7. Twin or If so-born 8. No. months 6. Sex Female Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? VES MOTHER OF CHILD FATHER OF CHILD 10. FULL William Wilbur Roberts 16. FULL MAIDEN izabeth Hatton NAME ..... 12. Age at time 17. Color 18. Age at time of THIS birth 4 or Race White of THIS birth 5.3 or Race. Wh 13. Birthplace Wales Enoland 19. Birthplace She Lbourne, Ontario Canada.
(City or town) (State or foreign country) (City or town) (State or foreign country) 20. Exact Occupation Government plum her Occupation House wile. 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. Lnknown (b) Born alive and now living IMO. (c) Born alive and now dead one (d) Stillborn one AUG 2 5 1941 26. (a)..... .....(р) <u>/ 1/ О</u> 1\_25. Attendant's (Date received) Registrar s signature) OWN signature..... (D.O., Midwife, etc.) 27. Given name added on.....by (Registrar's signature) and address Date State of Islas AFFIDAVIT To be completed when the attendant at birth is County of Spake NOT LIVING or CANNOT BE LOCATED. haall, being first duly sworn, say that I am auguainte Related to (or) acquainted with)
whose birth certificate Many & Illa Dertificate above) Name of person on certificate above) (State relationship or acquaintance)

Appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. D. Hall, Smg U.S.A., who attended (Name of attendant at arth) .....and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Wash P.O. Address Subscribed and sworn to before me on this 2/2 day of May Notary Public, residing at Sorkane Was (SEAL)

Where the bigh of a daild been recorded, or in case of Chapter (189, Section 4)

Where the bigh of a daild been recorded, or in case of failure to report the bigh of the been recorded, or in case of failure to report the buth which has occurred subsection; by bigh between the bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwite, or by atfidavits of the father or mother of the child, or it neither tather or mother of the child is living or accessfule, of the nearest of kin or mother of the child is living or accessfule, of the nearest of kin or mother of the child is living or accessfule, of the nearest of kin or mother of the child is living or accessfule, of the premises.

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767 214 044 433 (Be sure the information is as of date of birth of THIS child) State File No..... United States CERTIFICATE OF BIRTH Local Reg. No..... Department of Commerce AUG 26 1941 STATE OF IDAHO Reg. Dist. No..... Bureau of Census 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH . (a) County Washington (b) City Weiser Idaho (a) State Tagho (b) County Wash in ofton (c) Street Address of R.F.D. No. 2001 Mercial St. (c) City Weiser (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. Nd ammercia Own home (e) How long has MOTHER lived in Idaho? (e) Mother's stay BEFORE delivery: At home (f) Mother's mailing address Caldwell, Isaho In Hosp. or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) 1/eccased IN THIS county month davs vears 4. FULL NAME 5. Date of Birth Cerissa Gorrie (Month, day year) 6-14-189] OF CHILD ... 7. Twin or If so-born 8. No. months 6. Sextamale Triplet 1st, 2nd, 3rd of Pregnancy 9 9. Legitimate? Yes FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Sarah 10. FULL GOTTIC NAME ..... 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth. 34 yrs. of THIS birth...29 19. Birthplac Spring Garden Illinois (State or foreign countr 13. Birthplace Wells boro lenna (State or foreign country) (State or foreign country) (City or town) 20. Exact Occupation House wite Occupation Farmer 21. Industry or 15. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known 23. Number of children of this mother: (a) At time of birth and including this child...3... (b) Born alive and now living...2... (c) Born alive and now dead (d) Stillborn None 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_\_at \_\_\_\_\_\_M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by......, who is (First name) related to this childgan (b) Mother etc.) H 25. Attendant's (Registrar's signature) (Date received) and address Date State of Graa AFFIDAVIT To be completed when the attendant at birth is County of Jacks NOT LIVING or CANNOT BE LOCATED riscoll, being first duly sworn, say that I am related Gorrie as her mother (Related to (or) acquainted with) whose birth certificate (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mars and the said birth who attended (Name of attendant at birth) said birth 15 70W deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Subscribed and sworn to perfore me on this 25 anday of Manguett 194/ Notary Public, residing at Medford, Tree, (SEAL) EXPIDED SEDT 28 1941

(1937 Session Laws, Chapter 139, Section 4)

(1937 Session Laws, Chapter 139, Section 4)

1 100	664 118 044 555		0.4.0.0.0.0
certifi- charge		of date of birth of THIS child)	State File N <b>319268</b>
	Department of Commerce CERTIFICA	TE OF BIRTH	Local Reg. No.
SED		OF IDAHO	Reg. Dist. No.
ail COMPLETED aho, for filing. No oin.	1. PLACE OF BIRTH  (a) County Maskington (b) City William  (c) Street Address or R.F.D.No.  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days.	(c) City (d) Street Address or R.F. (e) How long has MOTHE (f) Mother's mailing addre	D.No.  CR lived in Idaho? yrs.
e. Ma e, Idal or coi	IN THIS county years month days  4. FULL NAME 1/1.	3. RESIDENCE of FATHER 5. Date of Bir	7
	OF CHILD / Mans all four	(Month, da	y year)
rtifica Bois order	6. Sex male 7. Twin or If so—born 1st, 2nd, 3rd		9. Legitimate?
7	FATHER OF CHILD		QF CHILD /
this cer atistics, money	10. FULL OSER Fourte	16. FULL MAIDEN NAME ASSES ATK	
1.85.1	or Race while 12. Age at time of THIS birth 3 1/vrs.	or Race while	18. Age at time 2 3 yrs
letii /ita cent	13. Birthplace Turkville Tenn	19. Birthplace Columb	us rea.
of of	(City of town) (State or foreign country) 14. Exact	(City or town)	*
au c	Occupation 15 Industry or	Occupation 21. Industry or	wyx
on in Bureant of	Business	Business	<i>'</i>
r ribbon State Bu payment	Name prophylactic used to prevent Ophthalmia Neonatorum.  Number of children of this mother: (a) At time of birth and including this child		
<u> </u>	24. I HEREBY CERTIFY That I attended the birth of this	child, who wasatat_	M. on the date
typewrit stage to advance	and at the place stated above, and that personal particula	rs were furnished by	me) (Last name) who is
	related to this child as, (Mother etc.)		ne) (Last name)
Record ASS po res an	(Date received) (Registrar's signature)	25. Attendant's OWN signature	M.D.
Re AS ires	27. Given name added onby(Registrar's signature)	and address	(D.O.,Midwife,etc.) Date
CK Rec r-CLAS requires	State of Region	AFFIDAVIT To be completed	when the attendant at birth is
BLA FIRST copy 1	County of Ss.	NOT LIVING or CAND	
HE S	I definally Crouse, being first	duly sworn, say that I am (Rola	aleu lo
Ink o saring rtified	(Name of person on certificate above)	1. A.	ted to (or) acquainted with), whose birth certificate
	appears above and that I desire to have the said birth record	led under Chapter 139, 1937 Session	Laws: and that the facts con-
BLACK velope b Each ce	tained therein are true to the best of my knowledge. I furthere said birth said birth	(Name of attendant is birth has not been previously r	tat birth)
ly BLACi envelope ig. Each	(Is now deceased (or) cannot be located)	senall & Fous	<i>1</i> .
ly ]			Signature P. O. Address
only in en filing.	Subscribed and sworn to before me on this	ay of ingust	19 7
Use cate for	(SEAL)	Notary Public, residing	

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(1937 Session Laws, Chapter 139, Section 4)

		400	.0
	464 108 029-155	# 3193,	319318
certifi- charge		· · · · · · · · · · · · · · · · · · ·	010010
i <del>j</del> ij		of date of birth of THIS child)	State File No
5-G	Department of Commerce A CERTIFICAT	E OF BIRTH	Local Reg. No
	Bureau of Census	F IDAHO	Reg. Dist. No.
COMPLETED for filing. No	CV SINIE O		
Η	1. PLACE OF BIRTH	2. USUAL RESIDENCE of MC	OTHER (At time of this birth)
년 29	(a) County Latah (b) City Kundrick		(b) County Latah
PLE filing.	(c) Street Address or R.F.D.No. american Rudge	(c) City	
\ \ \	(d) Name of Hospital or Maternity Home:		D. No. american Ridge
O S	at house		
ດັ້	(e) Mother's stay <b>BEFORE</b> delivery:		R lived in Idaho?yrs.
<b>34.5</b>	In Hosp. or Mat. Homedays.	(t) Mother's mailing addre	ss Kendrick Idaho
Mail [dah coin	IN THIS county 9 years — month — days	3. RESIDENCE of FATHER	(city, state) Yandrick Idaho
	4. FULL NAME CO	5 Date of Rin	th
se,	OF CHILD Clarence Doughasty	(Month. da	y year) March 5, 1891.
<b>E</b> 0.5.	7. Twin <del>or</del> If so—born	8. No. months	<i>y</i> 901 )
# A C	6. Sex male Triplet 1st, 2nd, 3rd		9. Legitimate?
s, c	FATHER OF CHILD	MOTHER	
ie ti	10 PIII I	16. FULL MAIDEN	OF CITED
tis io	NAME George Henry Dougharty	NAME Dora for	unings
H & T	11. Color 8. a 12. Age at time	l 17. Color	18. Age at time
ng 1	or Race White of THIS birth 34 yrs.	or Race white	of THIS birth 23 yrs
in it is	12 Pill 1 72-12-12-12-12-12-12-12-12-12-12-12-12-12	19. Birthplace	M
ag> o	13. Birthplace Berkeley California (City or town) (State or foreign country)	(City or town)	(State or foreign country)
E # D	14 Exact	20. Exact	
8 7 #	Occupation Januar	Occupation House	surfe
it ig it	15. Industry or	21. Industry or	
i di	Business	Business	
S W H	22. Name prophylactic used to prevent Ophthalmia Neonatorum		
日まり	23. Number of children of this mother: (a) At time of birth an	d including this child 5 (b) B	orn alive and now living
ta ay	(c) Born alive and now dead 💋 (d) Stillborn ——		· ·
50 c	24. I HEREBY CERTIFY That I attended the birth of this c	hild who was at	M. on the date
.E 5 3		(born alive, stillborn)	
a se	and at the place stated above, and that personal particular	s were furnished by	who is
dyago	related to this child as	(First nan	ne) (Last name)
ost a	SED 12 1941 (Mother etg)		
Z A H	26. (a) SEP 13 1941 (b) Mary 1 Elegan	25. Attendant's	44.5
S SS	(Date received) (Registrar's signature)	OWN signature	(D.O., Midwife, etc.)
R A S	27. Given name added on (Registrar's signature)	and address	Date
MY			
		AFFIDAVIT To be completed	
A SE	County of	NOT LIVING or CANN	NOT BE LOCATED.
国語の	1 1N Q 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 7
ت ہوئی	I, being first d	luly sworn, say that I am. (Relative	d to (on) acquainted with
္ကမ္ကာ	Clariste Dalighoots as	ruly sworn, say that I am (Rel	whose birth certificate
場点語	(Name of person on certificate above) appears above, and that I desire to have the said birth records	(State relationship or acquaintance	)
r e r	appears above, and that I desire to have the said birth recorde	ed uitder Chapter 139, 1337 Sees on	Laws; and that the facts con-
X	tained therein are true to the best of my knowledge. I furthe	(Name of attendant	, who attended
A gra	said birth circum and that this	is birth has not been previously re	ecorded.
only BLACK in envelope be filing. Each ce	(Is now deceased (or) cannot be located)	W LESSIL	
H 2".		· w possy	Signature
Lly a	~	Mulantta	P. O. Address
ë.¤;∃	Subscribed and sworn to before me on thisa	ay of Muy	1941
. i i	(SEAL)	Notary Public residing	at thingle At Ale
Use cate for	(015/11)	Totaly I unity residing	all I see a se
	$\sim$		•

(1937 Session Laws, Chapter 139, Section 4)

#319597 514 218-601 2 (Be sure the information is as of date of birth of THIS child) State File No United States CERTIFICATE OF BIRTH Local Reg. No..... Department of Commerce STATE OF IDAHO Reg. Dist. No..... Bureau of Census 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH. (a) County Ada (b) City US TRL (a) State & daho (b) County Ada (c) Street Address or R.F.D. No..... (c) City Poral City (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? \_\_\_\_\_yrs. (e) Mother's stay BEFORE delivery: // ome (f) Mother's mailing address. Boise City In Hosp. or Mat. Home novedays. 3. RESIDENCE of FATHER (city, state) IN THIS county days years month 4. FULL NAME GEORGIA DONA 5. Date of Birth (Month, day year) June 17 7./Twin or If so—born 8. No. months of Pregnancy 9 ... Legitimate? 4 Triplet 1st. 2nd. 3rd MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN 10. **FULL** . \* NAME DOYA NAME 7.40 / 18. Age at time 11. Color 12. Age at time 17. Color of THIS birth 32 vrs. or Race... of THIS birth. liston Vermont 87 13. Birthplace Bur 19. Birthplace Sandwich Illen (City or town) (State or foreign country) (City or town) 14. Exact 20. Exact Occupation Davy Occupation Anne 21. Industry or 15. Industry or Business Business (c) Born alive and now dead (d) Stillborn (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this ship as

(a) SEP 2 (b) Wother, (tc.) (First name) (Last name) 25. Attendant's (Registrar's signature) (Date received) OWN signature M.D. 27. Given name added on by (Registrar's signature) (D.O., Midwife, etc.) and address Date AFFIDAVIT To be completed when the attendant at birth is State of County of Ada NOT LIVING or CANNOT BE LOCATED I, Gora Chapman Taughan, being first duly sworn, say that I am related to (or) acquainted with) as (Related to (or) acquainted with)
whose birth certificate Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. 11. In the state of attendant at birth) said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded My Commission Derive Subscribed and sworm to be on this 2 h i day of Lo Mae City of the 1941 san Sephotary Public, residing at Boise Islaho

(1937 Session Laws, Chapter 139, Section 4)

714 123 0022 -119 State File No. 319671 (Be sure the information is as of date of birth of THIS child) United States Department of Commerce SEP 1 5 1941 CERTIFICATE OF BIRTH Local Reg. No..... Bureau of Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BARTH (a) County fremont (b) City Viclor (a) State 1 d a h o (b) County Fremost (c) Street Address or R.F.D. No. (c) City VICTOR (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?.....vrs. (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address VICTor In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) VicTer. IN THIS county years month davs 4. FULL NAME 5. Date of Birth (Month, day year) 9/23OF CHILD ..... 7. Twin or If so-born 8. No. months Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? ∨ FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN - OVINA NAME \_\_\_\_\_ 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth 2 6 vrs of THIS birth. 3.0 vrs. or Race.W.A 13. Birthplace SALT Lake City 19. Birthplace Yorkshire (State or foreign country) (State or foreign country) (City or town) (City or town) 20. Exact Farmer Occupation House Wife Occupation .... 15. Industry or 21. Industry or **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child...3... (b) Born alive and now living VA S (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_\_at. \_\_\_\_\_M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by .............................., who is 26. (a) SEP 15 1941 (b) Registrar's signature) 4/1-25. Attendant's OWN signature M.D. (D.O.,Midwife,etc.) 27. Given name added on by (Registrar's signature) and address State of Weber. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED Lovina Ann Jarvis . Paul . being first duly sworn, say that I am Related to (Related to (or) acquainted with) as The Mother ...... whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Enon, who attended (Name of attendant at birth) Is now deseased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Subscribed and sworn to before on the Notary Public, residing at (SEAL) My commission expires Mar. 15.

6 1.50

(1937 Session Laws, Chapter 139, Section 4)

ij B	249 207 029 695		State File No 319675
certifi- charge	United States (Be sure the information is as of	of date of birth of THIS child)	State File No
0 0 0	Department of Commerce Bureau of Census  \[ \begin{array}{ll} \Q^a \\ \STATE O \end{array}		Local Reg. No
e z	1. PLACE OF BIRTH		
L g	(a) County Latah (b) City Volmer	2. USUAL RESIDENCE of MC	(b) County Latah
걸辑	(c) Street Address or R.F.D. No.	(a) State	r County Hattan
Z.	(d) Name of Hospital or Maternity Home:	The state of the s	D. No
္ပေရ	(a) Wathows atom PEPOPE Julianess		R lived in Idaho?6MO
= 영년 (	(e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Homedays.		ss Volmer, Idaho
this certificate. Mail COMPLETED Statistics, Boise, Idaho, for filing. No. money order or coin.	IN THIS county years 6 month days	3. RESIDENCE of FATHER (	city, stateWolmer, Ida.
0 % O	4. FULL NAME Filemones Contrade Burns	5. Date of Bir	th T 7 3 3 3 3 3
ois er	OF CHILD Florence Gertrude Burns	(Month, d	ay year) June 7,1891
tificat , Bois order	7. Twin or If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? Yes
ics,	FATHER OF CHILD	MOTHER (	
this certation	10. FULL Davids Burns	16. FULL MAIDEN	Encebum
tat m	NAME John Douglas Burns 11. Color 12. Age at time	NAME DOI'S JS	ne Freeburn
completing this u of Vital Statis fifty cents, mor	11. Color or RaceWhite of THIS birth26yrs.	17. Color or Race White 1	of THIS birth 24 vrs
eting /ital S cents,		19. Birthplace Ponca (City or town)	Nebraska
Pla V V	13. Birthplace Scotland (State or foreign country)	(City or town)	(State or foreign country)
comp nu of fiffy	14. Exact Occupation Farmer	20. Exact House	wife
n c reau of f	15. Industry or	21. Industry or	
·~ 3 4	Business	Business	
Record typewriter ribbon in ILASS postage to State Busines an advance payment	22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and including this child4 (b) Born alive and now living3  (c) Born alive and now dead 1 (d) Stillborn		
	24 I HEPERY CERTIEV That I attended the hirth of this chi	ild, who was atat	
5 5 5	and at the place stated shows and that personal nerticular	(born alive, stillborn)	ruha ia
rar Var	and at the place stated above, and that personal particulars related to this child as	(First n	ame) (Last name)
a sta	related to this child as (Mother etg.) (34)  26. (a) (Pate received) (Registrar's signature)	Attendant's OWN signature	
# A H	(pate received) (Registrar's signature)	OWN signature	
SS.	27. Given name added onby(Registrar's signature)	and address	(D.O.,Midwife,etc.)  Date
E'L'A	(Registrar's signature)		
M. P	State of Washington	AFFIDAVIT To be completed w	
AC Y Y	County of Garfield Ss.	NOT LIVING or CAN	
BLACK Record typewriter FIRST-CLASS postage to copy requires an advance	I, Dorad Ramsay ,, being first	duly sworn, say that I am	Related to
ቷ ው ወ	Florence Gertrude Burns as	Mother	whose birth certificate
Ink Searin Srtifie			
K Ink or bearing certified	appears above, and that I desire to have the said birth record contained therein are true to the best of my knowledge. I fur	ther state that Mrs. M. Th	orp , who attended
28.5			
Els S	said birth is now deceased and that (Is now deceased (or) cannot be located)	a l Ramaa	Signatura
M A T		Pomeroy, Washington	P O Address
nly n e ing	Calcarded and grown to hotello me on this ICIN do	" of Deprember.	1044上
e only BLACK ] e in envelope by filing. Each cer	(SEAL)	Notary Public, residing	at Pomeroy, Wash.
Use cate for f	Contract of the second	, ,	- ·

(1937 Session Laws, Chapter 139, Section 4)

0	893-110-006-316		310720
certifi- charge		of date of birth of THIS child)	State File No. 319739
ફ્રેંસું		TE OF BIRTH	Local Reg. No
ف ٥	Bureau of Census STATE C	OF IDAHO	Reg. Dist. No
COMPLETED , for filing. No	1. PLACE OF BIRTH  (a) County	(a) State Utah (c) City Fillmore (d) Street Address or R.F	CTHER (At time of this birth) (b) County Millard  D. No.  R lived in Idaho?
Mail C Idaho, coin.	(e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Homedays. IN <b>THIS</b> county years 9 month days	(f) Mother's mailing addr	ess Wilford, Idaho (city, state) Fillmore, Utah
this certificate. N Statistics, Boise, Ic, money order or	4. FULL NAME OF CHILD Leonidas Marion Hickman 7. Twin or If so born	5. Date of Bi (Month, 8. No. months	
S. E.	6. Sex Male Triplet 1st, 2nd, 3rd	of Pregnancy	mos, Legitimate? yes
this cer tatistics money	FATHER OF CHILD  10. FULL NAME Josiah Edwin Hickman	16 FULL MAIDEN	of CHILD gusta Lawisch
eting th /ital Sta cents, m	11. Color or Race White of THIS birth 29 yrs.  13. Birthplace Salem Utah, U. S.A.	17. Color or Race White	18. Age at time of THIS birth 21 yrs. Germany
in completing ureau of Vital S	14. Exact Occupation  City or town)	20. Exact City or town) Cocupation Teacher	(State or foreign country)
in urea	15. Industry or Business	21. Industry or Business	
ribbon State B paymen	22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now living  (c) Born alive and now dead nil (d) Stillborn nil		
ູທຊ	24. I HEREBY CERTIFY That I attended the birth of this chand at the place stated above, and that personal particular related to this child as	nild, who wasat. (born alive, stillborn) rs were furnished by	M. on the date
typewriter postage to S n advance p	related to this child as	(First 25. Attendant's	name) (Last name)
T A B	(Registrar's signatule)	OWN signature	<b>M</b> .D.
CK Record T-CLASS prequires an	26. (a) SEP 18 1011 (b) Mother etc. (c) (Registrar's signature)  27. Given name added on by (Registrar's signature)	and address	(D.O.,Midwife,etc.)  Date
BLACK I FIRST-C) copy requ	State of Utah Ss. County of Cache I, Martha A. Hickman being first	NOT LIVING or CAN	INOT BE LOCATED
H Daret	⊥eonidas Marion Hickman as	Mother (R (State relationship or acquaintance)	whose birth certificate
K Ink o bearing certified	appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are two to the best of my knowledge. I further state that		
e only BLACK te in envelope b : filing. Each ce	(To now decreed (an) connet be leasted)	t this birth has not been previous Lattina Q. Lauris ed 54 South 3rd West, Log	sly recorded.
e only te in e filing	(SEAL) margaret 6. Leeks	ay of September Notary Public, residing	at Logan, Utah
Use cate for f	My commiss	ion expires January 12	, 1943.

(1937 Session Laws, Chapter 139, Section 4)

331-203-028-215 (Be sure the information is as of date of birth of THIS child) United States State File No..... Department of Commerce SEP 2 2 1941 CERTIFICATE OF BIRTH Local Reg. No. Bureau of Census Reg. Dist. No. STATE OF IDAHO 1. PLACE OF BIRTH (a) County KOOTENOI 2. USUAL RESIDENCE of MOTHER (At time of this birth) (b) City Post Falls The County Koo Tenai (c) Street Address or R.F.D.No..... (c) City.... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D.No..... (e) How long has MOTHER lived in Idaho?... (e) Mother's stay BEFORE delivery: (f) Mother's mailing address Post Falls, Idaho In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) Post Falls land IN THIS county 2 years month days 4. FULL NAME 5. Date of Birth WILLIS (Month, day year) Nov. 3. 1891 OF CHILD If so-born 8. No months 6. Sex Female 9. Legitimate? Yes 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Emma Jane Sanborn NAME CHATIES Wood ruff Clarke 18. Age at time Color 17. Color of THIS birth 43 of THIS birth 39 vrs or Race... 13. Birthplace ForresT VIIIC, Gonn. 19. Birthplace Rochester, New Yor (State or foreign country) 14. Exact 20. Exact House with Occupation... Occupation. 15. Industry or 21. Industry or Real Estate Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. (c)Born alive and now dead 🔏 (d) Stillborn 1018 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) related to this shild as...... (Last name) 25. Attendant's (Registrar's signature) OWN signature (D.O., Midwife, etc.) (Registrar's signature) and address Date State of New Varsey AFFIDAVIT To be completed when the attendant at birth is County of Cape May NOT LIVING or CANNOT BE LOCATED. being first duly sworn, say that I am... (Related to (or) acquainted with) ....., whose birth certificate (State relationship or acquaintance) (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1987, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that tained therein are true to the best of my knowledge. I further state that said birm connot be located and that this birth has not been previously recorded. Subscribed and sworn to be on me on this... Notary Public, residing at OCEAN GITY, N.J.

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

1 6 1943

#32/232 699 102001 764 United States (Be sure the information is as of date of birth of THIS child) State File No. CERTIFICATE OF BIRTH Local Reg. No..... Department of Commerce 1941 Bureau of Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) County Ada (b) City Brok (c) Street Address or R.F.D. No. W. L. Ad. 3 (a) State Sclaho (b) County ada (c) City (d) Name of Hospital or Maternity Home: at own Residence (e) How long has MOTHER lived in Idaho? ......vrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address Rus 62451 H In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) de trase IN THIS county month days years 4. FULL NAME Marrin Eellis 5. Date of Birth (Month, day year) May 2nd 7. Twin or If so—born 8. No. months 9. Legitimate? Triplet 1st, 2nd, 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN 10. FULL NAME Margaret Rete NAME ... 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth St.....yrs. or Race... 13. Birthplace Urlina 19. Birthplace (State or foreign country) (State or foreign country) (Zity or town) 20. Exact 14. Exact Occupation Barberler Occupation housewife 21. Industry or 15. Industry or Business Business (c) Born alive and now dead now(d) Stillborn work 24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by......, who is related to this child as.

(a) 1941 (b) (Wother, etc.) (First name) 26. (a) (Date received) 25. Attendant's (Registral's signature) OWN signature M.D. 27. Given name added on \_\_\_\_\_by\_\_\_(Registrar's signature) (D.O., Midwife, etc.) and address Date AFFIDAVIT To be completed when the attendant at birth is State of..... NOT LIVING or CANNOT BE LOCATED County Lela Liness. being first duly sworn, say that I am..... (Related to (or) acquainted with) whose birth certificate (State relationship or acquaintance) (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of tendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Subscribed and sworn to before me on this day of day of Notary Public, residing at.... (SEAL)

007 p<sub>-194</sub>.

MAY 15 1963 JAN 1 4 1563

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

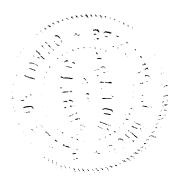
	64/113 028-168		00.40.45
certifi- charge	United States (Be sure the information is as o	of date of birth of THIS child)	State File No. 321346
cha	Department of Commerce CERTIFICAT		Local Reg. No
Ð.Ş	Bureau of Census STATE OI	F IDAHO	Reg. Dist. No
H i	1. PLACE OF BIRTH.	2. USUAL RESIDENCE of MC	OTHER (At time of this birth)
ÄÄ	(a) County (b) City Clark Forks (c) Street Address or R.F.D. No.	(a) State	(b) County Kovenie
<b>E</b>	(d) Name of Hospital or Maternity Home:	(c) City Clark 7	
Ďã.			D. No
→ 2 d	(e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Homedays.	(f) Mother's mailing addre	ess Clark John Jose
Mail dahe coin	IN THIS county 3 years month days	3. RESIDENCE of FATHER (	city, state) ( 1 1 2 1
this certificate. Mail COMPLETED Statistics, Boise, Idaho, for filing. Ne, money order or coin.	4. FULL NAME Roy Hugh Oman	5 Date of Bir	th
cat ois	OF CHILD Twin of If so—born	(Month, d	ay year) Feb 18-1891
tifica , Bois order	6. Sex Wale Triplet 1st, 2nd, 3rd		9. Legitimate? 😘
ics Y	FATHER OF CHILD	MOTHER	
this certatistic	10. FULL Charles Omon	16. FULL MAIDEN Emm	a Johnson
H H H	11. Color . D.T 12. Age at time	17. Color بعن 0	8. Age at time
completing au of Vital S fifty cents,	or Race of THIS birth 3.2 yrs.	or Race	of THIS birth 22 yrs.
Ce Vit	13. Birthplace (City or town) (State or foreign country)	19. Birthplace (City or town)	(State or foreign country)
comp iu of fifty	14 774	20. Exact	•
£ 2 3	Occupation Vill June 15. Industry or	Occupation 21. Industry or	ewye
in curea	Business Will Owner	Business H	enige.
复四泉	22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.		
r ribbon State B paymen	(c) Born alive and now dead (d) Stillborn	a including this child	orn alive and now living
_ տ ը,	24 I HERERY CERTIEV That I attended the birth of this chi	ild, who was been cline at	M. on the date
typewriter postage to f	and at the place stated above, and that personal particulars	s were furnished by	who is
age W	related to this child as	(First n	ame) (Last name)
fyp so	26. (a) SEP 2 9 1941 (b) (Registrar's signature)	25. Attendant's	
S a a	(Date received) (Registrar's signature)	OWN signature	(D.O.,Midwife,etc.)
ASS res	27. Given, parage added on by (Registrar's signature)	and address	Date Date
CK Record typewriter T-CLASS postage to requires an advance	State of Coligonia	AFFIDAVIT To be completed w	then the attendant at birth is
	County of an langeles ss.	NOT LIVING or CAN	
BLA FIRS copy	I En One , being first	duly sworn, say that I am	elated to
WH S	Roy Hush Oman as D	mail a	lated to (or) acquainted with)
ring	Λ (Name of person on certificate above)		whose birth certificate
Ink beari ertific	appears above, and that I desire to have the said birth records contained therein are true to the best of my knowledge. I furn	ed under Chapter 139, 1937 Sess ther state that Yhra ollen .	sion Laws; and that the facts who attended
X & S		(Name of attend	ant at birth v
A A	(Is now deceased (or) cannot be located)	this birth has not been previous	sty recorded.
e only BLACK is in envelope be filing. Each cer	<b>e</b> .x. 	ma Oman	Signature
nly n e ing	Subscribed and sworn to before me on this	/ b / L	P. O. Address
9	(SEAL)	NT a A some Total 1 to a second discount	at Los analles
Use cate for f	My Commission Expires October 11,	7986	o - Calif
	the second of th	トー・アドマ	€

(1937 Session Laws, Chapter 139, Section 4)

399 118 035 -693 (Besup the information is as of date of birth of THIS child) State File ND United States Department of Commerca CT CERTIFICATE OF BIRTH Local Reg. No..... Bureau of Census STATE OF IDAHO Reg. Dist. No..... for filing. N 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County My Ind (b) City Sauthweek (a) State State (b) County Medical (c) Street Address or R.F.D. No. (c) City Sauthwick (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has **MOTHER** lived in Idaho? vrs. (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state) In Hosp, or Mat. Home.....days. IN THIS county month vears davs 4. FULL NAME 5. Date of Birth (Month, day year) An. 18, 1891 OF CHILD In If so\_born 7. Twin or 8. No. months 6. Sex / Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME YELLERSON A NAME CL Color or Race White 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth 27 vrs. of THIS birth & 13. Birthplace Bissauri 19. Birthplace Ellinges (City or town) (State or foreign country) (State or foreign country) 20. Exact 14. Exact Occupation Carpenter Occupation 21. Industry or 15. Industry or Business **Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child...(b) Born alive and now living / (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was followed at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by......, who is related to this child him (First name) 26. (a) (Date received) 25. Attendant's (Registrar's signature) OWN signature M.D. 27. Given name added on \_\_\_\_\_by\_\_\_\_(Registrar's signature) (D.O..Midwife.etc.) and address Date AFFIDAVIT To be completed when the attendant at birth is State of .... County of Medical NOT LIVING or CANNOT BE LOCATED \_\_\_\_\_, being first duly sworn, say that I am Males (Related to (or) acquainted with) ....., whose birth certificate (State relationship or acquaintance) (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I have the facts (Name of attendant at birth) and that this birth has not been previously recorded. Signature 2 Subscribed and sworn to before me on this 12 Moday of Oly 19 4 Notary Public, residing at (SEAL)

(1937 Session Laws, Chapter 139, Section 4)



.i 2	252/124 001851	# 3 2/62	321630	
# 5	United States (Be sure the information is as	of date of birth of THIS child)	State File No	
ଞ୍ଚିକ୍ତି ଅନ୍ତ	Department of Commerce OFF 17	rtment of Commerce of T		
۵۵	Bureau of Census STATE O	F IDAHO	Reg. Dist. No	
	1. PLACE OF BIRTH A Marin	2. USUAL RESEDENCE of MC	OTHER (At time-of this birth)	
ក្នុង	1. PLACE OF BIRTH altived City Boise	(a) State Sako	(b) County Uda	
ቪ염	(c) Street Address or R.F.D. No	(c) City Boise		
ጆ ።	(d) Name of Hospital or Maternity Home:		D. No	
္ပမ	(e) Mother's stay <b>BEFORE</b> delivery:		R lived in Idaho?yrs.	
	In Hosp. or Mat. Homedays.	(f) Mother's mailing addre	ess O	
G da	IN THIS county 3 years month days	(f) Mother's mailing addre 3. RESIDENCE of FATHER (	city, state doise Ilaho	
440	A FILL NAME O / -	5 Date of Bir	th	
are Sise	OF CHILD NEath Sebern	(Month, d	ay year) 1eb 24,8891	
g M g	6. Sex Wale 7. Twin or If so—born 1st, 2nd, 3rd		O Tamissimum Life of	
H of	6. Sex Wale Triplet 1st, 2nd, 3rd FATHER OF CHILD	MOTHER (	9. Legitimate?	
only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certifi- in envelope bearing FIBST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge filing. Each certified copy requires an advance payment of fifty cents, money order or coin.	10. FULL \\ \alpha \\ \begin{array}{cccccccccccccccccccccccccccccccccccc			
tation of		16. FULL MAIDEN NAME	Marieda / Teach	
15 S	or Race 12. Age at time of THIS birth 35 yrs.	17. Color What 1	8. Age at time of THIS birth J/wyrs.	
ita	13. Birthplace Indiana police, Indiana (City oprtown) (State or foreign country)	19. Birthplace	Venn.	
		(City or town)	(State or foreign country)	
E o H	14. Exact Occupation Livery Man.	20. Exact	ecurje	
eau f f	15. Industry or /,	21. Industry or	7	
いまずら	Business divery,	Business	enje,	
g m g	22. Name prophylactic used to prevent Ophthalmia Neonator	um		
a a e	23. Number of children of this mother: (a) At time of birth an (c) Born alive and now dead (d) Stillborn	d including this child	orn alive and now living	
T to B	24. I HEREBY CERTIFY That I attended the birth of this ch	ild, who was atat.		
ម្នុង មួ		(born alive stillborn)		
¥ eg €	and at the place stated above, and that personal particular related to this child as	s were furnished by(First n	ame) (Last name)	
sta pe	26. (a) (Date received) (b) (Registrar's signature)	٠, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١,		
# 8 #	(Date received) (Registrar's signature)	25. Attendant's OWN signature	M.D.	
SSS a	27 Given name added on by		(D.O.,Midwife,etc.)	
i A G	(Registrar's signature)	and address	Date	
E 다 라	State of	AFFIDAVIT To be completed w	hen the attendant at birth is	
	County of ss.	NOT LIVING or CAN		
A BE	I heing first	duly sworm say that I am	2	
M M 8	I, being first	(Rel	lated to (or) acquainted with)	
	(Name of person on certificate above)	(State relationship or acquaintance)	, whose birth certificate	
I K K	annears above and that I desire to have the said birth record	ed under Chapter 139, 1937 Sess	ion Laws and that the facts	
Z A B	contained therein are true to the best of my knowledge. I fur	ther state that(Name of attend	ant at birth) who attended	
ក្តខ្ពុំជួ	said birth and that (Is now deceased (or) cannot be located)	this birth has not been previous	ly recorded.	
Egg			Signature	
y E				
ĮĮ Į	Subscribed and sworn to before me on thisda			
9 E E	(SEAL)			
Use cate for 1				

(1937 Session Laws, Chapter 139, Section 4)

UNITED STATES OF AMERICA )

Solve to the state of Alaska )

Territory of Alaska )

LUCRETIA SEBERN BOTSFORD, being first duly sworn on oath deposes and says: I am the sister of Heath Sebern of Boise, Idaho; the said Heath Sebern, son of Milton Henry and Sarah Matilda Heath Sebern, was born at Boise City Idaho, on February 24, 1891.

Lucretia Sebern Botsford

Subscribed and sworn to before me this 20th day of January, 1941.

Notary Public

My Commission expires:

Od 7, 1941

.i. 2	238 221 003.652			32165
certifi- charge	United States (Be sure the information			State File No
		RTIFICATE		Local Reg. No
Ag	Bureau of Census	STATE OF		Reg. Dist. No
COMPLETED , for filing. No	1. PLACE OF BIRTH	11.	2. USUAL RESIDENCE of MO	THER (At time of this birth
PLET filing.	(a) County Summah	30	(a) State Adaho	(b) County Dansanth
<del>P</del> #	(d) Name of Hospital or Maternity Home:	<b>L</b>	(c) City Pacalello	
ÕŽ			(d) Street Address or R.F.I	
_ 0 4	(e) Mother's stay <b>BEFORE</b> delivery:		(e) How long has MOTHER	
Mail Idaho, coin.	In Hosp. or Mat. Homedays. IN <b>THIS</b> county years month	do	(f) Mother's mailing address. RESIDENCE of FATHER (c	s Nead
Z Z C	4. FULL NAME W	days	<del></del>	
s s	OF CHILD ANNAMA CANAMANAMA OF C	hrveder	5. Date of Birt	h y year) <i>fuly 21-1891</i>
d Boig	→ // 7/Tw/in or 'If	so—born_	8. No. months	
出こさ	o. Sea Jeff once	t, 2nd 3rd	of Pregnancy 9	
s certificate. istics, Boise, ney order or	FATHER OF CHILD		MOTHER C	F CHILD //
is it is	NAME John German		16. FULL MAIDEN	West V
Static Mor	11 Colon :/ // + / 10 Am - + 4:	_		3. Age at time
pleting f Vital ? y cents,	or Race A fight of THIS birth as		or Race Whyle	of THIS birth yrs
S SE	13. Birthplace (City or town) (State or foreign c		19. Birthplace (City or town)	m Gugland.
はない	14. Exact		20. Exact / /	(State of foreign country)
8 ¤ ₫	Occupation Ougunus		Occupation (Yanteu)	Tfl
d g g	15. Industry or Business Railman		21. Industry or Business	<b>/</b> .
		Neonatorum	Zapinob	
ribbon State B	22. Name prophylactic used to prevent Ophthalmic 23. Number of children of this mother: (a) At time	of birth and i	ncluding this child ವೆ (b) Bo	rn alive and now living.ப்
State Paym	(c) Born alive and now dead / (d) Stillborn	l		
<b>8</b> 5 5 1	24. I HEREBY CERTIFY That I attended the birth		(horn alive etillhorn)	
E e a	and at the place stated above, and that personal	particulars v	vere furnished by	who is
d tag	related to this child as(Mother, etd)	Z		me) (Last name)
70 2	26. (a) (b) (Registrar's sig	Leen_	25. Attendant's	
E SO	27. Given name added on by		Own signature	(D.O.,Midwife,etc.)
Record typev CLASS postag ruires an adva	RECEIVED (Registrar's sig	nature)	and address	Date
BLACK Rec FIRST-CLA copy require	State of 6	AF	FIDAVIT To be completed wh	en the attendant at hirth is
	County of Ss.		NOT LIVING or CANN	OT BE LOCATED
E E	Leshia & Varaleford	being first di	aly sworn, say that I am	stee to
E F E	mus Kotha Schule de	as a		ted to (or) acquainted with)
O HE	(Name of person on certificate above)	(3	itate relationship or acquaintance)	, whose birth certificate
Ink beari	appears above, and that I desire to have the said b contained therein are true to the best of my knowle	irth recorded	under Chapter 139, 1937 Sessi	on Laws; and that the facts
X + S	dolog		(Nome of attends	nt at himth)
BLAC velop Each	(Is now deceased (or) cannot be located)	and that th	is birth has not been previous!	y recorded.
BLA( nvelor Each	(======================================	Jeshi	u & Janale fo	Signature Signature
<b>+8</b> 8		341	So. almando	Los angelos Cali
	State of California,			
	County of Los Angeles. (***			
	2.4	+0		N.,
	On this 3 nd aday of O	ecougn	, in the year nineteen hundred	and loty one AD
	before me, James	2- Lan		ary Public in and for the
	said County	of Los Ange	les, State of California, residing	
			7 1 2 7	therein duly commissioned
	and sworn,	personally app	cared Personal J. D.	accipora
	Demoi to		Known to me	,
		and redible	where for that summer the sea while	y to be the person
	UHP.		•	· · · · · · · · · · · · · · · · · · ·
	downthis day	, whose nam	subscribed to, and	who executed the within
	instrument, a	and acknowledg	ed to me thatheexecu	ted the same.
			OF, I have hereunto set my han	
	seal in said	County the day	and year in this certificate first a	ove written.
		/	$\gamma_{\prime} \sim 1$	
		. (	W 5. V	
	— PARTWARACTE TO THE MAN	/	well o farman	•
	LOS ANGELES RUBBER STAMP CO.	Notary	Public in and for Los Angeles Cou	nty, State of California.
			• · · · · · · · · · · · · · · · · · · ·	

(1937 Session Laws, Chapter 139, Section 4)



955-204 044-236 321829 United States (Be sure the information is as of date of birth of THIS child) State File No..... CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... STATE OF IDAHO Bureau of Census Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County Waikington... (b) City Salu (a) State Lduho (b) County Wash (c) Street Address or R.F.D. No. (c) City ...... (d) Name of Hospital or Maternity Hotae: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?....vrs. (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address..... In Hosp. or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) IN THIS county years days month 5. Date of Birth 4. FULL NAME (Month, day year 460.4 OF CHILD ... 8. No. months 6. Sex of Pregnancy 7 9. Legitimate? (A) MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN MASS 10. FULL NAME ..... NAME 17. Color 18. Age at time 11. Color 12. Age at time of THIS birth of THIS birth. 5... or Race or Race... 19. Birthplace 13. Birthplace (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact. 20. Exact Occupation Jal Occupation 21. Industry or 15. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum ..... 23. Number of children of this mother: (a) At time of birth and including this child \*\*Lett (b) Born alive and now living ... (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (First name) related to this child as..... 1941 (b) (Mother, etc.) -25. Attendant's (Date received) OWN signature M.D. (D.O.,Midwife,etc.) (Registrar's signature) 27. Given name added on..... (Registrar's signature) and address Date State of Ca AFFIDAVIT To be completed when the attendant at birth is County of NOT LIVING or CANNOT BE LOCATED Message being first duly sworn, say that I am Mythus (Related to (or) acquainted with) (Name of person on certificate above) ...... whose birth certificate (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) ..... who attended and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Subscribed and sworn to before me on this... Notary Public, residing at Ashan (SEAL) MAY COMMICGIC

6-10-4

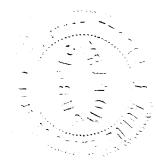
## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

855-220-045-523 State File No (Be sure the information is as of date of birth of THIS child) United States CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... Bureau of Census for filing. N 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) State Adaho (b) County Cliusa (c) City Kailer (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. at Nome. (e) How long has MOTHER lived in Idaho?....vrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address 304 dame st.

3. RESIDENCE of FATHER (city, state) Lakeling In Hosp, or Mat. Home.....days. IN THIS county month days vears 4. FULL NAME 5. Date of Birth OF CHILD Nettie Madae Henry (Month, day year) \*\* 20 - 1891 7. Twin of If so-born 8. No. months 6. Sex -7 Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME ..... NAME 2 /12. Age at time 18. Age at time 11. Color 17. Color or Race White of THIS birth 27 yrs. or Race...M of THIS birth 2/ vrs. 19. Birthplace Manchester Journ 13. Birthplace (City or town) (State or foreign country) (City or town) (State or foreign country) 20. Exact 14. Exact Occupation Vauseur & Occupation ..... 15. Industry or 21. Industry or **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum (c) Born alive and now dead (d) Stillborn (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by......, who is (First name) (Date received) (Registrar's signature) 25. Attendant's OWN signature M.D. 27. Given name added on \_\_\_\_\_by\_\_\_\_(Registrar's signature) (D.O., Midwife, etc.) Date and address State of. AFFIDAVIT To be completed when the attendant at birth is County of Palat NOT LIVING or CANNOT BE LOCATED living, being first duly sworn, say that I am Maline (Related to (or) acquainted with) (Alsen as Mathew (Related to (OF) acquainted water), whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts appears above, and that I desire to have the said bitti recorded under chapter its, who attended contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) ly BLACK envelope b and that this birth has, not been previously recorded. Each (Is now deceased (or) cannot be located) Takeland Fla P. O. Address Subscribed and sworn to before me on this.... Public, State of Florid Notary, Public, residing at Akela Juda Kalla (SEAL) My commission expires Jan. 11, 1943.

(1937 Session Laws, Chapter 139, Section 4)



CERTIFICATE OF BIRTH

vears month

days

FRANK DEAN THOMAS

Triplet

FATHER OF CHILD Duncan Shelton Thomas

12. Age at time of THIS birth...43...yrs.

Coffeville, Alabama (State or foreign country) (City or town)

Farmer Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum None 23. Number of children of this mother: (a) At time of birth and including this child.6..... (b) Born alive and now living....4... (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was DOTD at A.M. on the date

and at the place stated above, and that personal particulars were furnished by myself

(a) OCT 20 1941 (b) Wother, etc.)

(Date received) (Date received)

(b) (Date received) (Date received) 26. (a) (Date received) (Registrar's signature)

27. Given name added on by (Registrar's signature) State of Callernia }ss.

(Is now deceased (or) cannot be located)

(SEAL)

County of Promo

said birth and that this birth has not been previously recorded.

OWN signature Hill (D.O. Midwige, and address Los Angeles, Calate 10/15) AFFIDAVIT To be completed when the attendant at birth is

NOT LIVING or CANNOT BE LOCATED

Signature P. O. Address

3. RESIDENCE of FATHER (city, state)

of Pregnancy 9

8. No. months

or Race White

16. FULL MAIDEN

17. Color

5. Date of Birth

MOTHER OF CHILD

Housewife

None

I, being first duly sworn, say that I am (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance) (Name of attendant at birth)

K Ink or bearing certified

BLACK Record typewriter ribbon in completing this certificate. FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, copy requires an advance payment of fifty cents, money order or 10. FULL NAME ... 11. Color White

13. Birthplace ...

15. Industry or

Business

Occupation

14. Exact

IN **THIS** county 4. FULL NAME OF CHILD 7. Twin or 6. Sex Male

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days.

none

Mail COMPLETED Idaho, for filing. No (d) Name of Hospital or Maternity Home:

1. PLACE OF BIRTH

Bureau of Census

(c) Street Address or R.F.D. No.

certifi-charge

(a) County Custer (b) City Goldburg

If so-born

1st, 2nd, 3rd

19. Birthplace Salt Lake (City or town) 20. Exact

Occupation ..... 21. Industry or **Business** 

\*(Be sure the information is as of date of birth of THIS child)

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(1937 Session Laws, Chapter 139, Section 4)

218-111-201-659 43229/1 (Be sure the information is as of date of birth of THIS child) United States State File No Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of Census STATE OF JDAHO Reg. Dist. No..... 1. PLACE OF BIRTH 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) County ala (b) City Daise (a) State (b) County Uda (c) Street Address or R.F.D. No. (c) City / Juse (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address Jurome Edalus In Hosp, or Mat. Home.....days. IN THIS county 3. RESIDENCE of FATHER (city/state) vears month davs 4. FULL NAME 5. Date of Birth (Month, day year) / 10/1/1891 OF CHILD . 7. Twin or If so-born 8. No. months 9. Legitimate? //es 6. Sex Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME NAME ..... 11. Color 12. Age at time 17. Color -- 18. Age at time of THIS birth 2.2 yrs. or Race MIN of THIS birth 22 yrs. 19. Birthplace Mudicana Venn. 13. Birthplace (City or town) \* (Stafe or foreign country) (State or foreign country) (City or town) 14. Exact 20. Exact Occupation ..... Occupation .... 15. Industry or 21. Industry or **Business** Business (c) Born alive and now dead (d) Stillborn (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by first name (Last name) (Last name) 25. Attendant's Registrar's signature OWN signature M.D. 27. Given name added on.....by.....(Registrar's signature)\_\_\_ (D.O.,Midwife.etc.) and address Date State of.... AFFIDAVIT To be completed when the attendant at birth is County of Alance NOT LIVING or CANNOT BE LOCATED Haken, being first duly sworn, say that I am Mother (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the facts (Name of attendant at birth) (Is now deceased (or) cannot be located) Subscribed and sworn to before the on the 213 day of day of Notary Public, residing at Heaven Jan (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

365-118-003-759 323076 State File No..... (Be sure the information is as of date of birth of THIS child) United States Department of Commerce OCT 23 1941 CERTIFICATE OF BIRTH Local Reg. No..... COMPLETED , for filing. No Bureau of Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) County Bannock (b) City Pocatello (c) Street Address or R.F.D. No. (a) State Idaho (b) County Bannock (c) City Podatello (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?.....yrs. Mail C Idaho, (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. (f) Mother's mailing address..... 3. RESIDENCE of FATHER (city, state)Pocatello. Ids IN THIS county years month days 4. FULL NAME 5. Date of Birth OF CHILD Get Coe (Month, day year) Thur. June 18... 7. Twin or If so—born 8. No. months 9. Legitimate? 6. Sex Male Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN
NAME Theress Geiger Coe 10. **FULL** Charles Edwin Coe NAME .... 12. Age at time 17. Color 11. Color 18. Age at time or Race White of THIS birth...32.....yrs. or Race.White of THIS birth...yrs. 13. Birthplace Pontine, Illinois 19. Birthplace Rockport, Massouri (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Stn. Agt., O. S. L R. R. Occupation Housewife Occupation ..... 15. Industry or 21. Industry or Business Business (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_at \_\_\_\_\_\_\_ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by......, who is (First name) (Last name) related to this child as..... 26. (a) (Date received) (b) (Nother etc.) Left (Registrar's signature) 41\_25. Attendant's OWN signature M.D. (D.O..Midwife.etc.) 27. Given name added on by (Registrar's signature) and address Date State of Calitorhia AFFIDAVIT To be completed when the attendant at birth is County of 5an Marco ss. NOT LIVING or CANNOT BE LOCATED I, Neva Coe Hudson being first duly sworn, say that I am Hidest States Related with as Eldest Sister , whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Linksown, who attended (Name of attendant at birth)

and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located) Name of attendant at birth) \* Mara Coe Hudson Signature 711-21st ave., San Francis co, Calp. O. Address Subscribed and sworn to before me on this 18 th day of Oaka Cas 19.6/ Notary Public, residing at Burlingame, Cal. (SEAL) Du mater Counts Calif

(1937 Session Laws, Chapter 139, Section 4)

.i 2	714-112-019-655	,	393949
ii g	United States (Be sure the information is as	of date of birth of THIS child)	State File No.
~ 등	Department of Commerce	n or piriti	Local Reg. No
ρş	Bureau of Census STATE O	F IDAHO	Reg. Dist. No
only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certifi- o in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge filing. Each certified copy requires an advance payment of fifty cents, money order or coin.	1. PLACE OF BIRTH  (a) County Custer (b) City Bay Horse  (c) Street Address or R.F.D. No.  (d) Name of Hospital or Maternity Home:  Home  (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home	(c) City	(b) County Custer Horse D. No R lived in Idaho? 28 yrs. city, state) th ay year) April 12, 1891  9. Legitimate? OF CHILD ret Ann Oneil 18. Age at time of THIS birth 28 yrs. wm, Penn (State or foreign country)
r ribbo State paymo	23. Number of children of this mother: (a) At time of birth an (c) Born alive and now dead (d) Stillborn  24. I HERERY CERTIFY That Lattended the birth of this ch	d including this child (b) Bo	orn alive and now living
ord typewrite; SS postage to s an advance	and at the place stated above, and that personal particular related to this child as  26. (a) (Date releived) (Hegistrar's signature)	s were furnished by(First n  25. Attendant's  OWN signature	(Last name) , who is
ire Acc	27. Given name added onby	and address	Date
FIRST-CI copy requ	State of	AFFIDAVIT To be completed w  NOT LIVING or CANI duly sworn, say that I am(Rel	NOT BE LOCATED
LACK Ink or elope bearing Each certified	appears above, and that I desire to have the said birth record contained therein are true to the best of my knowledge. I fur said birth	ed under Chapter 139, 1937 Sess ther state that	ion Laws; and that the facts, who attended ant at birth) ily recorded.
r B env g. 1			
Jse only ate in e or filin	Subscribed and sworn to before me on thisda (SEAL)	y ofNotary Public, residing	19

(1937 Session Laws, Chapter 139, Section 4)

Mrs. Holly Elder, of Boise, County of Ada, State of Idaho, being first duly sworn, deposes and says:

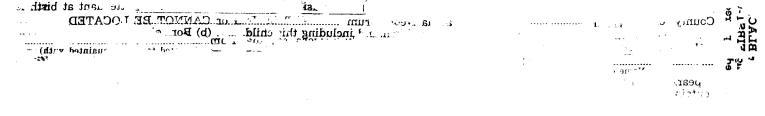
That she was present and acted as nurse at the birth of Joseph E. Paul, at Bayhorse, Idaho, Custer County, on April 12, 1891, caring for the mother, Mrs. Thomas J. Paul, and knows positovely that the date of birth was as before stated, on April 12, 1891.

(Signed) Mrs Holly Elder,

Subscribed and sworn to before me a Notary Public in and for Ada County, State of Idaho, on Ogtober 207, 1941.

Notary Public, Residing at Boise, County of Ada, State of Idaho.

(Seal) My Commission Expires Dec. 13,1942



(SEAL)

(1937 Session Laws, Chapter 139, Section 4)

Dawson, Oklahoma Oct : bor 04, 2041

I, Daisy House Fishbaugh, only living sister of Chester House, and his nearest of kin, do make the following statement under oath:

Neither of our parents is living, father having died when Chester was age twelve, and mother having died in January, 1938, at Dawson, Oklahoma.

My brother had Rosa B. Wright, his cousin, sign the affidavit as she is sixteen years older than himself, and I am only two and one half years older than he.

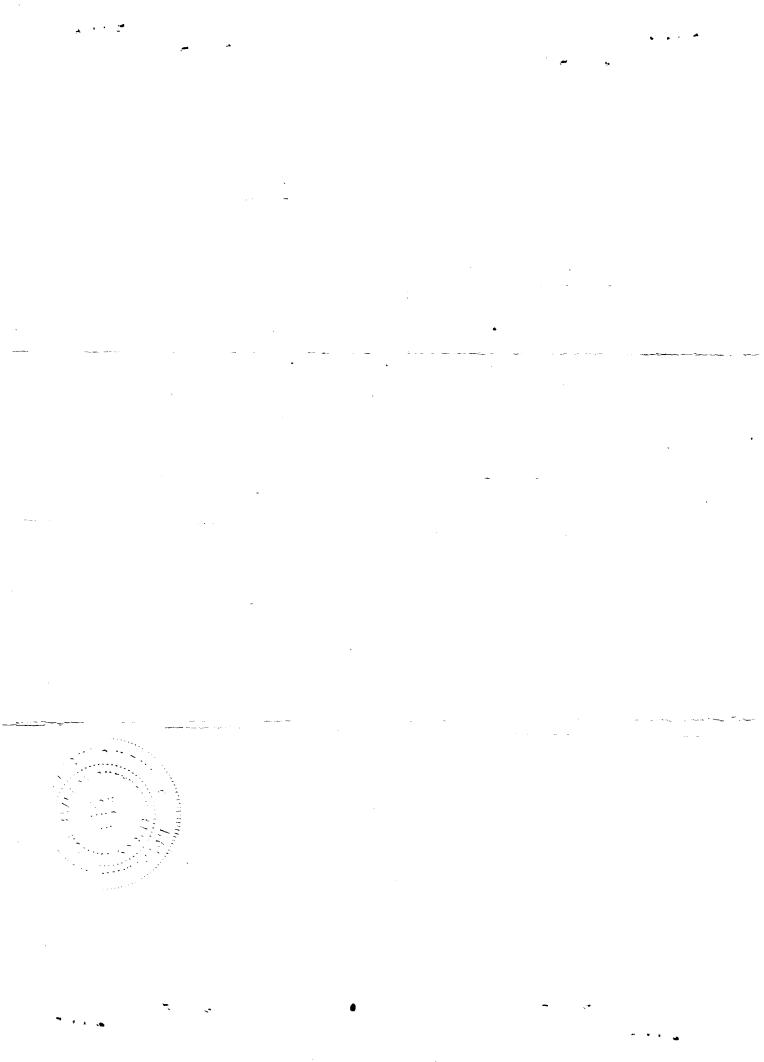
If the form is not now correct and complete, please send another with further instructions.

Dairy Fishbaugh.

worm to before me this 25th day 9 oct 1941

Nothy Public Nothy Public Com. Expires Jan 18-44

OCT 30 1947



285 214 029 994 323538 United States (Be sure the information is as of date of birth of THIS child) State File No..... CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... Bureau of Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) County Latale (b) City Near 1 soy (a) State IDITHO (b) County La Toul (c) Street Address or R.F.D. No. (c) City Mean Tray (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? \_\_\_\_\_vrs. (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. (f) Mother's mailing address..... 3. RESIDENCE of FATHER (city, state) IN THIS county month days vears 4. FULL NAME 5. Date of Birth of child MADGE CARLY (Month, day year) 7. Twin or If so-born 8. No. months of Pregnancy Triplet 7 1st. 2nd. 3rd 9. Legitimate? MOTHER OF CHILD 16. FULL MAIDEN -----NAME EMMA JANE RIDGILL NAME(... 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth 2 3 vrs of THIS birth. 19. Birthplace CUTLER, INDIANA (City or town) (State or foreign country) TND/ANA (State or foreign country) 13. Birthplace (City or town) 20. Exact 14. Exact Occupation Fassuer Occupation House Wire 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child... 2... (b) Born alive and now living... (c) Born alive and now dead / (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was Alixe. at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) 25. Attendant's (Date received) (Registrar's signature) OWN signature..... (D.O., Midwife, etc.) 27. Given name added on by (Registrar's signature) Ridoctiel W. Date Oct. 4, 1941 State of Washington AFFIDAVIT To be completed when the attendant at birth is County of Clark NOT LIVING or CANNOT BE LOCATED I, Mrs. Minnig Sheni dan Thomas, being first duly sworn, say that I am Related (Related to (or) acquainted with) Sheridan as Aun , whose birth certificate (State relationship or acquaintance) (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that \_\_\_\_\_\_\_\_\_, who attended (Name of attendant at birth) said birth '5 Now docested and that this birth has not been previously recorded. The Minuse I Shiaiden I Licrus X Signature (Is now deceased (or) cannot be located) Subscribed and sworn to before me In this ... re me that this A 57 day of October 1941
Notary Public, residing at Midpelield, Y/1 (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

264 229029 866 United States (Be sure the information is as of date of birth of THIS child) Department of Commerce State File No..... CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) (c) Street Address or R F.D No..... (c) City....Grangeville......(d) Street Address or R.F.D. No...... (d) Name of Hospital or Maternity Home: at home (e) How long has **MOTHER** lived in Idaho?....9......yrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address...Grangeville, Idah In Hosp. or Mat. Home.......days.
In THIS county....9...years......months......days. 3. RESIDENCE OF FATHER (city, state)...Grangeville 5. Date of Birth of CHILD Olive Rosemand Soderburg (Month, day, year)April 29.1891 7. Twin or If so-born 8. No. months 6. Sex. female 1st. 2nd, 3rd Triplet of Pregnancy 9. Legitimate? **ves** FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Emma Grace Howard 10. FULL NAME Olof Feter Soderburg 17. Color or white 18. Age at time of 34. 11. Color 12. Age at time of THIS birth.36 vrs. white THIS birth.....years or Race ..... 0vanaker Sweeden 19. Birthplace Jeferson County, Iowa (City or town) (State or foreign country) 14. Exact 20. Exact farmer Occupation house wife Occupation .... 15. Industry or 21. Industry or Business Business and at the place stated above, and that personal particulars were furnished by (First name) (Last name) related to this child as (Mother, etc.) (Registrar's signature) 25. Attendant's Attendant's OWN signature......M.D. or.....(D.O., Midwife, etc.) (Date received) 27. Given name added on by (Registrar's signature) and address Date State of Idaho AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of Idaho related to IOlof Peter Soderburg being first duly sworn, say that I am KKKIKINGEX (Related to (or) acquainted with) Olive Rosemand Soderburg as father (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Milt. Cambridge..... who attended (Is now deceased (or) cannot be located)

(Is now deceased (or) cannot be located) Grangeville, Idaho P.O. Address Subscribed and sworn to before me on this lst hav of November, Notary Public, residing at Scanguelle velocity

entropy in a second THE STREET OF STREET THE STATE OF THE S ANY CITY SHIPL TO e the appearance 11.00 × 12.00 × 1 ATT OF BUILDING ALL POSTS SHEET AMERICAN **经验证** 180 Charles Court of Marie Land Section 19 Where the draft of the party of the established each territory of the esta to report any birth which has occurred subsequent to such date, such report may be received and men by the second second

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and such report is second C. Lie Search & Silv On Print Print Print Printing owledge in the People . Park and a second secon

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SHAMMIN STATE

391-181-008-367	<b>32399</b> 0
Department of Commerce · CERTIFICAT	of date of birth of THIS child) State File No E OF BIRTH Local Reg. No F IDAHO Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth)  (a) County	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State Idaho (b) County Boise  (c) City Alpha  (d) Street Address or R.F.D. No. 5 months  (e) How long has MOTHER lived in Idaho? three yr  3. RESIDENCE OF FATHER (city, state) Alpha, Idaho
OF CHILD. George Leroy Gramer	5. Date of Birth of Child (Month, day, year) Nov. 1, 1891
6. Sex male 7. Twin or 1f so—born 1st, 2nd, 3rd	8. No. months of Pregnacy 9 9. Legitimate? yes
FATHER OF CHILD  NAME William Like Horris Gremer  11. Color 12. Age at time of THIS birth 38 yrs.  13. Birthplace Columbus, Ohio  14. Exact (City or town) (State or foreign country)  Occupation Fermer  15. Industry or Business	MOTHER OF CHILD  16. FULL MAIDEN NAME Ruth Jane Cogguum  17. Color 18. Age at time or Race White of THIS birth 35 yr  19. Birthplace Bates County, Missouri  (City or town) (State or foreign country)  20. Exact Occupation Housewife 21. Industry or Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum	
23. Number of children of this mother: (a) At time of birth an	id including this child
24. I HEREBY CERTIFY That I attended the birth of this ch	tild, who wasat
and at the place stated above, and that personal particular related to this child as	rs were furnished by, who (First name) (Last name)
25. Attendant's M.D.  OWN signature Midwife	e Address Date
State of Idaho.   ss.	AFFIDAVIT to be completed when the attendant does not sig in Item 25.
	sister of the person whose name appear
in Item 4, above, that I am now 65 years of age, the William Horris Craner , who attended the	at I have known this person for 50 years, and the is birth 18 now deceased I further state the
(First name) (Last name) the facts on the certificate above are true to the best of my k Chapter 139, 1937 Session Laws.	Signature
	Emmett, Idaho P.O. Addres
(SEAL) ( Margare Dina	Notary Public, residing at Franct, Ideho 17-914, Idaho Code Annotated.) Oct Tombission expire
Received for filing on Nov 22 1941	by Male Lee Registra

(1937 Session Laws, Chapter 139, Section 4)

_	Bureau of the Census	CERTIFICATE STATE OF	f date of birth of THIS child)  OF BIRTH  DAHO	Local Reg. No
	1. PLACE OF BIRTH (All items at time of this birth) (a) County Bannock (b) CityPocate (c) Street Address or R.F.D. No. 554 S. Ma. (d) Name of Hospital or Maternity Home:	in 8 days	(c) City Pocatell (d) Street Address or R.F.I (e) How long has MOTHER 3. RESIDENCE OF FATHER (cit	(b) CountyBannock
	7. Twin or	If so-born	8. No. months	
6	6. Sex Female Triplet No	1st, 2nd, 3rd	no of Pregnacy 7	9. Legitimate? Yes
	FATHER OF CHILD		MOTHER  16. FULL MAIDEN	
4	NAMECharles Thomas Golding		NAME Josephin	e Marie Droubay
1	11. Color 12. Age at time of Race White of THIS birth 2	4 yrs.	or Race White	<ol> <li>Age at time of THIS birth25yrs</li> </ol>
1	13. BirthplaceBirminghamEngland		19. Birthplace Salt Lak (City or town)	e City, Utah
1	(City or town) (State or foreign c		20. Exact	
4	Occupation Salesman for Horsel	y lumbr.	OccupationHOUSEW 21. Industry or	ife
1	15. Industry or Business Horsley Lumber Co.	:	Business	
5	22. Name prophylactic used to prevent Ophthalmia	Neonatorum	None	
	23. Number of children of this mother: (a) At time			
-			CERTIFICATE	
2	24. I HEREBY CERTIFY That I attended the birt	h of this chil	ld, who wasat (Born alive/stillborn)	M. on the dat
	and at the place stated above, and that persons related to this child as	ıl particulars	were furnished by First name	D. Golding, who i
2	25. Attendant's	M.D.	$\mathcal{U}$	
	OWN signature	Midwife	Address	Date
_	State of School Sss.	A	AFFIDAVIT to be completed when in Item	
- 5	I, the undersigned, being first duly sworn, say the	ant Town the		
	i, the undersigned, being that duty sworn, say th	iat i am uie	or U	ne person, whose name appear
	in Item 4, above, that I am now vear	s of age, tha	t I have known this person for	
	in Item 4, above, that I am now vear	s of age, tha	t I have known this person for	Incabutt years, and the
i.	in Item 4, above, that I am now year  O 1 July 1 (Iast name) who is	s of age, tha attended this	t I have known this person for birth	years, and the
i t	in Item 4, above, that I am now vear	s of age, tha attended this	t I have known this person for birth	Juneabeth years, and the located) ave this birth recorded under
i t	in Item 4, above, that I am now year  (First name) (Last name)  the facts on the certificate above are true to the be	est of my kn	birth(Is now deceased) or (Cannot be dowledge, and that I desire to he was a surface of the control of the	June 1 years, and the years, and the located) ave this birth recorded under the Signature.
i	in Item 4, above, that I am now year (First name) who a (First name) the facts on the certificate above are true to the bechapter 139, 1937 Session Laws.	es of age, that attended this est of my kn	t I have known this person for birth. (Is now deceased) or (Cannot be towledge, and that I desire to he have have have been seen to he have have he ha	June Juli years, and the plocated) ave this birth recorded under Signature P.O. Address
i	in Item 4, above, that I am now year who is the facts on the certificate above are true to the bechapter 139, 1937 Session Laws.	est of my kn	t I have known this person form birth. (Is now deceased) or (Cannot be towledge, and that I desire to he will be town to the will be town town the will be to the will be town the will be town the will be town the will be to the will be town the will be town the will be town the will be town the will be to the will be town the will be town the will be to the will be town the will	years, and the plocated) ave this birth recorded under Signature
i t	in Item 4, above, that I am now year who is the facts on the certificate above are true to the bechapter 139, 1937 Session Laws.	est of my kn	t I have known this person for birth.  (Is now deceased) or (Cannot be nowledge, and that I desire to he will be a second be nowledge).  (Is now deceased) or (Cannot be nowledge).	years, and the located) ave this birth recorded under Signature

(1937 Session Laws, Chapter 139, Section 4)

.i 8	236 109 001-255	325028
certifi- charge	United States (Require the information is as	of date of birth of THIS child) State File No
<del>გ.ც</del>		E OF BIRTH Local Reg. No
COMPLETED , for filing. No		F IDAHO Reg. Dist. No
H 6	1. PLACE OF BIRTH	2. USUAL RESIDENCE of MOTHER (At time of this birth)
H.A	(a) County	(a) State. Jaho. (b) County. Elman.
₽#	(d) Name of Hospital or Maternity Home:	(c) City Pine grave
Q §	not prown	(d) Street Address or R.F.D. No
ບັ		(e) How long has MOTHER lived in Idaho?yrs.
Mail ( Idaho, r coin.	(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Homedays.	(f) Mother's mailing address Pine Grove
ZZ C	in inis county years month days	3. RESIDENCE of FATHER (city, state) Sine grove Ida
this certificate. Statistics, Boise, money order or	4. FULL NAME OF CHILD Wilson SI	5. Date of Birth (Month, day year) Supt. 9th 189/
ffica Bois rder	7. Twin or If so—born	8. No. months
## H	6. Sex Male Triplet 1st, 2nd, 3rd	of Pregnancy 9 9. Legitimate? Yus
ics Y	FATHER OF CHILD	MOTHER OF CHILD
s crist	10. FULL Oliver Stoan	16. FULL MAIDEN Cyntha anna Benton
祖籍見	11. Color 11. Age at time	17. Color 18. Age at time
. S	or Race White of THIS birth 37 yrs.	or Race of THIS birth 20 yrs.
e it i	13. Birthplace Clinton Jowa	19. Birthplace Julia Roch, Onhansas
#2 \ C	(City or town) (State or foreign country)	(City of town) (State of foreign country)
直角花	14. Exact Occupation Wint	20. Exact Occupation House Wife
S H	15. Industry or	21. Industry or
in in in in	Business Mond	Business None
g m g	22. Name prophylactic used to prevent Ophthalmia Neonator	um
K Record typewriter ribbon in completing CLASS postage to State Bureau of Vital sequires an advance payment of fifty cents.	23. Number of children of this mother: (a) At time of birth an (c) Born alive and now dead (d) Stillborn	d including this child
に対象	24 I HERERY CERTIFY That I attended the hirth of this ch	ild, who was at M on the date
いない。		(born alive, stillborn) s were furnished by, who is  (First name) (Last name)
ge W	and at the place stated above, and that personal particular	s were furnished by, who is (First name) (Last name)
d sta		
T O I	26. (a) NOV 24 (b) (Registrar's signature)	25. Attendant's OWN signature
D SS g	27 Given name added on hy	(D.O.,Midwife,etc.)
AS	27. Given name added on by (Registrar's signature)	and address Date
뜨겁류	State of California	AFFIDAVIT To be completed when the attendant at birth is
ひដょ	County of Dairaments Ss.	NOT LIVING or CANNOT BE LOCATED
BLA FIRS copy		duly sworn, say that I am (Related to (or) acquainted with)
<b>ME 8</b>	1, being first	(Related to (or) acquainted with)  Whose birth certificate
Ink or bearing	George Wilson Sloan as C (Name of person on certificate above)	(State relationship or acquaintance) , whose birth certificate
お 記記	appears above, and that I-desire to have the said birth record	ed under Chapter 139, 1937 Session Laws; and that the facts
	contained therein are true to the best of my knowledge. I fur	ther state that MAO. Mas IMA who attended
<b>2</b> 2 2 3	said birth commat by focated and that	(Name of attendant at birth) this birth has not been previously recorded.
	(Is now deceased (pr) can ot be located)	Det material
m ă m		Signature Signature
only lenginerical	Cubacathod and appropriate hoters may 5/4hig 2 2 do	
Use only BLACK I cate in envelope by for filing. Each cer	Subscribed and sworn to before me on thisda (SEAL)	Notary Public, residing at January Calif
S # P	(SEAL)	Trotally Fublic, residing at

(1937 Session Laws, Chapter 139, Section 4)

259-115044256 State File No 3250 (Be sure the information is as of date of birth of THIS child) United States Department of Commerce NOV 18 1941 CERTIFICATE OF BIRTH Local Reg. No..... Mail COMPLETED Idaho, for filing. No STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH
(a) County Washington (b) Citynear Council 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) County Washington (c) City near Council (c) Street Address or R.F.D. No. RFD (c) Street Address or N.F.D. Moreof Hospital or Maternity Home:

none at home (d) Street Address or R.F.D. No. RFD (e) How long has MOTHER lived in Idaho? 9 years (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home......days. at home (f) Mother's mailing address Council Idaho 3. RESIDENCE of FATHER (city, state) Council Idaho IN THIS county 9 years month davs 4. FULL NAME 5. Date of Birth Herbert Henry Beier (Month, day year) June 15, 1891 OF CHILD ..... 8. No. months If so-born 7. Twin or 1st, 2nd, 3rd 2nd male of Pregnancy 9 6. Sex Triplet no 9. Legitimate? ves FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Amelia Snow 10. FULL NAME Frederick William Beier 17. Color 11. Color 12. Age at time 18. Age at time white te 12. Age at time 36 of THIS birth.....yrs. white of THIS birth 23 yrs. or Race.....WILLU 19. Birthplace Ephraim, Utah 13. Birthplace near Buffalo, New York (City or town) (State or foreign country) (City or town) (State or foreign country) 20. Exact 14. Exact Occupation Farmer housewife 21. Industry or 15. Industry or housewife Farmer Business Business related to this child as.

26. (a) \( \begin{align\*}
\text{UDate received} \end{align\*}
\]

(Begistrat's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife.etc.) and address State of Idaho
County of Washington ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED I, Amelia Beier , being first duly sworn, say that I am related to (or) acquainted with)

Herbert Henry Beier , as Mother (Related to (or) acquainted with) whose birth certificate Herbert Henry Beier as (State relationship or acquaintance) '(Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the facts (Name of attendant at birth) envelope l said birth is deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Weiser, Idaho P. O. Address Subscribed and sworn to before me on this 19th day of November 19 41 (SEAL)

Notary Public, residing at Weiser, Idaho

(1937 Session Laws, Chapter 139, Section 4)

25-107-006-155 United States (Be sure the information is as of date of birth of THIS child) State File No CERTIFICATE OF BIRTH Local Reg. No..... Department of Commerce STATE OF IDAHO Bureau of Census Reg. Dist. No..... 1. PLACE OF BIRTH Bon naville 2. USUAL RESIDENCE of MOTHER (At time of this birth) Add ho Falls (a) County Bing lam now (b) City Lagle Rock new (a) State Jacko (b) County Bingham -(c) City Eagle Rock. (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? 2. 2. 3... yrs. (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address..... In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) IN THIS county vears month davs 4. FULL NAME 5. Date of Birth OF CHILD Charles Elmod Arney, Junior. (Month, day year) Jenuery 9-1891-7. Twin or H so-bern 8. No. months 6. Sex Mole of Pregnancy 9 9. Legitimate? 425 Triplet 1st. 2nd. 3rd MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN NAME Mellie Gertrode Jen 765. NAME Charles Elmood Arney. 12. Age at time 18. Age at time 11. Color 17. Color of THIS birth 27 yrs. of THIS birth 22 yrs. 19. Birthplace Vinton Benton County Gorra
(City or town) (State or foreign country) 13. Birthplace Albion, Marshall Co, Soma (State or foreign country) 20. Exact Occupation House mife. Occupation School leacher- Presinct Country 15. Industry of Tale Official R.R. Agent 21. Industry or Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child....... (b) Born alive and now living....... (c) Born alive and now dead 2 (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was torn alive stillborn at M. on the date and at the place stated above, and that personal particulars were furnished by Neure first name (Last name) related to this wild as Mother, etc.) 25. Attendant's .....(b)...\. OWN signature Dr. 9. W Pend Leton (Deceased) M.D. (Date received) 27. Given name added on.....by.....by...... and address Eggle Rock Now Sta 5/1 pate Jany 9- 1891 (Registrar's signature) AFFIDAVIT To be completed when the attendant at birth is State of..... NOT LIVING or CANNOT BE LOCATED Eluvollerus, being first duly sworn, say that I am Related to (or) acquainted with) Charles Elmood Arney Junior as fother (Re
(Name of person on certificate above) (State relationship or acquaintance) ..... whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) charles elwood armey Signature P. O. Address Subscribed and sworn to before me on this ..... Notary Public, residing at Boys John (SEAL) Expures april

(1937 Session Laws, Chapter 139, Section 4)

(1937 Session Laws, Chapter 139, Section 4)

165-120-00-453	on is as of date of birth of THIS child) State File No.325440
•	
Bureau of the Census ST	Tite of Ibit.
1. PLACE OF BIRTH (All items at time of this birth) (a) County	
(e) Mother's stay BEFORE delivery: IN THIS county years months	(e) How long has MOTHER lived in Idaho? 2 yrs. days 3. RESIDENCE OF FATHER (city, state) Boise, Idaho
4. FULL NAME	5. Date of Birth of Child
of CHILD George Geleard Jones	
7. Twin or If so	-born 8. No. months
	2nd, 3rd of Pregnacy 9. Legitimate?
10. FULL	MOTHER OF CHILD
NAME George Aleson Jones	16. FULL MAIDEN LULA Decker
11 Color To Ago at time	17 Colon 10 Acc of time
or Race	yrs. or Race White of THIS birth 25 yrs.
13. Birthplace	19. Birthplace Whitehall, Michigan (City or town) (State or foreign country)
14. Exact	20. Exact
Occupation Drayman	Occupation Housewife
15. Industry or Business Lumber Yard	21. Industry or Business Home
	atorum
	wirth and including this child $5$ (b) Born alive and now living $5$
	DANT'S CERTIFICATE this child, who was Born allvet
and at the place stated above, and that personal parelated to this child as(Mother, etc.)	rticulars were furnished by Lula Jones (Last name), who is
25. Attendant's	M.D.
	Midwife Address Date
State of Kansas County of Montgomery ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I	am the Mother of the person whose name appears
	age, that I have known this person for50years, and that
	ded this birth 18 now deceased I further state that
(First name) (Last name)	(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best o	f my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.	I la garage
	Lula Jones Signature 107 West Third, Caney, Sansas P.O. Address
	107 West Third, Caney, ansas P. O. Address
Subscribed and sworn to before me this2	day of December 19.41
(SEAL) S. Z. Markov	Notary Public, residing at Caney, Kansas
(Note: Perjury is punishable as a felony in Idaho; se	ee Sec. 17-914. Idaho Code Annotated.)
(1100c) I cijuly ib pullibriobie ab a lotoriy in laario, b	

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JEC 5

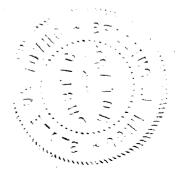
1941

<u>e</u>	395-024-044-43	<b>3254</b> 82
certifi- charge		of date of birth of THIS child) State File No
<u> </u>		TE OF BIRTH Local Reg. No
COMPLETED , for filing. No		F IDAHO Reg. Dist. No
H	1. PLACE OF BIRTH/ - >	2. USUAL RESIDENCE of MOTHER (At time of this birth)
H.E.	(a) County Washington (b) City & after Ma	(a) State State (b) County Wash.
亞母	(c) Street Address or R.F.D. No	(c) City Salutaria
Ž.5	(a) Name of Hospital of Materinty Home. 700 222.	(d) Street Address or R.F.D. No.
ŬŢ.	(e) Mother's stay BEFORE delivery:	(e) How long has MOTHER lived in Idaho? 20 yrs.
Mail C Idaho, coin.	In Hosp. or Mat. Homedays.	(f) Mother's mailing address.
X 2 5	IN THIS county years month days	3. RESIDENCE of FATHER (city, state) Salubria
	4. FULL NAME Mystle Viola Juile	5. Date of Birth (Month, day year) 7 et 24, Thus 189.
e o	//. Twin or If so—born	8. No. months
# 6	6. Sex Triplet 1st, 2nd, 3rd	
icer Y	FATHER OF CHILD	MOTHER OF CHILD
this certificate. Statistics, Boise, ,, money order or	10. FULL NAME William Turdell	16. FULL MAIDEN NAME Hara Walbrook
렆茲	11. Color C 12. Age at time	17. Color 18. Age at time
g is,	or Race Auction of THIS birth yrs.	or Race aucasiau of THIS birth 2.3 yrs.
leting Vital S cents,	13. Birthplace akla, Territary	19. Birthplace Olio
	(City or town) (State or foreign country)	(City or town) (State or foreign country)
comp u of fiffy	Occupation Transer Stock raises	Occupation House rough
in co ureau t of fi	15. Industry or	21. Industry or
# #	Business	Business
bon nenj	22. Name prophylactic used to prevent Ophthalmia Neonator 23. Number of children of this mother: (a) At time of birth an	d including this child / (h) Born alive and now living //
ribbon State B paymen		al_
្តីសង្	24. I HEREBY CERTIFY That I attended the birth of this ch	ild, who was burn allulat 7; am. M. on the date
fypewriter postage to n advance	and at the place stated above, and that personal particular	(born alive, stillborn) s were furnished by, who is
B W	related to this child as	(First name) (Last name)
a Sty	26. (a) DEC 5 1941 (b) Wother, etc.) 7 blues	25. Attendant's
== ==	26. (a) DEC 5 1941 (b) (Registrar's signature)	OWN signature M.D.
SSS	27. Given name added on by (Registrar's signature)	and address Date (D.O.,Midwife,etc.)
BLACK Record FIRST-CLASS copy requires a		
M C P	State of Idaho	AFFIDAVIT To be completed when the attendant at birth is
SI	County of Canyon ss.	NOT LIVING or CANNOT BE LOCATED
H 6	XI, Callie Carlyle being first	
	Myrtle Viola Tindell Spackman	aunt (Related to (or) acquainted with) whose birth certificate
Ink or bearing ertified	(Name of person on certificate above)	(State relationship or acquaintance)
K Ink obearin	contained therein are true to the best of my knowledge. I fur	led under Chapter 139, 1937 Session Laws; and that the facts
X		(Name of attendant at birth)
A of di	said birth cannot be located and that	this birth has not been previously recorded.
ly BLACK envelope l	×10.0	Muly Signature
only in en illing.	Subscribed and swam to before me IAA this 22 nd do	Parma, Idaho P. O. Address
B 라틴	Substituted and sworn to before the pla puisda	y of November , 1941
Use cate for f	(SEAL)	Notary Public, residing at Parma, Idaho
D 0 ₹	•	

(1937 Session Laws, Chapter 139, Section 4)

-	432-221-529-719				295505
27	United States (Be sure the inform	nation is as of d	ate of birth of TH	IS child) Sta	te File No. 325505
<u> </u>	Department of Commerce	CERTIFICATE OF	BIRTH	1941 Loc	al Reg. No
art a	Bureau of the Census	STATE OF II	DAHODEC 8	Reg	Dist. No
<b>5</b> 0			· · · · · · · · · · · · · · · · · · ·		
·든 - 듯	1. PLACE OF BIRTH (All items at time of this hirth	) <u> </u>			(At time of this birth)
がある	(a) County alah (b) City C.				County Latah
<u></u>	(c) Street Address or R.F.D. No		(c) City	vou	
Ŧ.5	(d) Name of Hospital or Maternity Home:		-		•••••
8 æ	Home alluly				
단호	(e) Mother's stay BEFORE delivery IN THIS county years months	days 3	(e) How long had not been seen to be the common to the com	ATHER (city, sta	ite) (Ivan Ods)
COMPLETED No charge fo	4. FULL NAME Grace mu MC	111	5. I	ate of Birth of	
õ	7. Twin or	If so—born J	8. No. m	onths	
٥ž	6. Sex tenule Triplet	1st, 2nd, 3rd	of Pre	gnacy 4	9. Legitimate?
λai.	FATHER OF CHILD	[		MOTHER OF C	HILD
٠ <u>٠</u>	10. FULL NAME John Mc Wenzie	.   1	6. FULL MAIDEN	Tuna fo	stor Jack
5 <u>1</u>	11. Color 12. Age at time	1	NAME	The same of the sa	stev Yerke
چ چ	or Race	yrs.	or Race	uu o	THIS birth of vrs.
Ŧ,	13. Biruipiace	1 da 1	9. Birthplace	unyan co	Kerisse
9. <u>ĕ</u>	(City or town) (State or foreign of	country)	0. Exact	ity or town)	(State or foreign country)
<u>.</u> 2	Occupation Clayman	2	Occupation	Vouse	will
Ŧġ.	15. Industry or 🚄 🥠 .	2	1. Industry or		
ii.	Business Transfer Busine	ne !	Business		
5	22. Name prophylactic used to prevent Ophthalmia	Neonatorum	*******************************		
¥.5 0	23. Number of children of this mother: (a) At time				
2 4 9		TTENDANT'S CE	<del></del>		7
- 35°	24. I HEREBY CERTIFY That I attended the birt		_	at	M on the date
절품호			(Born alive,	stillborn)	
등호 등	and at the place stated above, and that persons related to this child as	al particulars we	ere furnished by	•••••	who is
2.9.5	related to this child as		·	(First name)	(Last name)
£ 5 £	25. Attendant's (Mother, etc.)	M.D.			
¥ 5 5 8	OWN signature		Address		Date
₹ <b>₽</b> ₹	State of a Control	AFEI	DAVIT to be see	plated when the	attendant does not sign
25±	County of Sss.	AFF	DAVII to be com	in Item 25.	attendant does not sign
o tage	T 4h		milki		
20, 2	I, the undersigned, being first duly sworn, say the				rson whose name appears
X = E	in I em 4, above, that I am nowyear	rs of age, that I	have known this	person for	/years, and that
A ge g	March - 1.11000 who	. 44 3 . 3 . 41 . 1 . 1 . 1 .	600	c R) -	I further state that
~ v -	, who	attended this bil	th		I rai will blace will
- 2 8	(First name) (Last name)			or (Cannot be locate	d)
or E	the facts on the certificate above are true to the b		(Is now deceased)	or (Cannot be locate	d)
nk or E ASS po idvance	(First name) (Last name)	est of my know	(Is now deceased)	desire to have	this birth recorded under
K Ink or E CLASS po n advance	the facts on the certificate above are true to the b	est of my know	ledge, and that I	desire to have t	his birth recorded under
ACK Ink or E T-CLASS po	the facts on the certificate above are true to the b Chapter 139, 1937 Session Laws.	est of my know	(Is now deceased ledge, and that I	desire to have to	chis birth recorded under  Signature  P. O. Address
BLACK Ink or E IRST-CLASS poires an advance	the facts on the certificate above are true to the b Chapter 139, 1937 Session Laws.  Subscribed and swork to before the this	est of my know	ledge, and that I	or (Cannot be located desire to have t	chis birth recorded under Signature P. O. Address
ly BLACK Ink or E FIRST-CLASS po quires an advance	the facts on the certificate above are true to the b Chapter 139, 1937 Session Laws.  Subscribed and sworn to refore the this	est of my know.  Aug.  day of	ledge, and that I	desire to have	chis birth recorded under Signature P. O. Address
only BLACK Ink or Eing FIRST-CLASS porequires an advance	the facts on the certificate above are true to the b Chapter 139, 1937 Session Laws.  Subscribed and sworn to refore the this	est of my know.  Aug.  day of	ledge, and that I	desire to have	chis birth recorded under Signature P. O. Address
se only BLACK Ink or Esaring FIRST-CLASS po	the facts on the certificate above are true to the b Chapter 139, 1937 Session Laws.  Subscribed and sworn to refore the this	est of my know.  Aug.  day of	ledge, and that I	desire to have	chis birth recorded under Signature P. O. Address

(1937 Session Laws, Chapter 139, Section 4)



316-111-009-412	nation is as of date of birth of THIS child) State File No. 325517
Department of Commerce	
Bureau of the Census	RTIFICATE OF BIRTH Local Reg. No
	STATE OF IDAHO DEC 8 194 Reg. Dist. No.
1. PLACE OF BIRTH	2. USUAL RESIDENCE of MOTHER: (At time of this birth
(a) County (b) City (U)	(a) State (b) County 250
(c) Street Address or R.F.D. No	(c) City Juliable
(e) Mother's stay BEFORE delivery:	(d) Street Address or R.F.D. No.
In Hosp. or Mat. Home. A. days.	(e) How long has MOTHER lived in Idaho? yr. (f) Mother's mailing address
In THIS county ⟨ > years ○ month	days. 3. RESIDENCE of FATHER (city, state):
4. FULL NAME Royal Tayl	5. Date of Birth (Month, day, year) ON. //, /89
	The home / V 9 No months C- // T
6. Sex / Criplet / O	1st, 2nd, 3rd / O of Pregnancy / 9. Legitimate 7
father of child	MOTHER OF CHILD
10. FULL John J. Toylor In	16. FULL MAIDENCH arlotte Mason
or Race 12 Age at time of THIS birth	yrs. 17. Color 18. Age at time 38 yr
and the state of t	SA + JULA
(City or town) // (State or foreign	country) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Trouse Wife,
15. Industry or	21. Industry or Business
Business J. F.	
22. Name prophylactic used to prevent Ophthalmia Number of children of this mother: (a) At time	Teonatorum.  of birth and including this child
(c) Born alive and now dead / (d) Stillborn	γ δ
24. I HEREBY CERTIFY That I attended the birth	of this child, who was
and at the place stated above, and that personal	(born alive, stillborn) particulars were furnished by, who
related to this child as	(First name) (Last name)
26. (a REC B 1374 (b) Maly	Eldu 25. Attendant's
(Registrar's si	gnature) OWN signature M.I
27. Given name added onby(Registrar's s	
COK 1	8.200-0/
State of Sta	AFFIDAVIT To be completed when the attendant at birth NOT LIVING or CANNOT BE LOCATED.
	<i>\lambda \lambda \lamb</i>
	, being first duly sworn, say that I am (Related to (or) acquainted with)
/ Oya Tay Don as market a horse	whose birth certifica
appears above, and that I desire to have the said bir	th recorded under Chapter 139, 1937 Session Laws; and that the facts con
tained therein are true to the best of my knowledge.	I further state that (Name of attendant at birth) , who attended
said birth and	that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)	Dra & all Signatur
	Juliaetta, Ola, P.O. Addre
3/12m20/20	- 0. 1000 · 4/ 0 0
Subscribed and sworn to be ore the on this	day of the second of the secon
(SEAL) OT MAN UTUE	Notary Public, residing at Author Day
	and the first of the second

all sie utal (1990) FIRE histories to shall be no attractionaries all size of i arte in the second real to brook the id and book CHIACO TO SPATE not not over A TAX OF STORY SOFT AND A STATE OF THE STATE The second section is the March of the Control of the Cont The State of Contract of the C real distriction of the fall of the contract o 89 W. 3 A Toutant Program - ALL WIT WA the hours TRAFFIC STREET BELLYTH BECKTENTEN LAW (1987 Baillion Laws, Chapter 189, Shotten 4) Where the birth of a mile born prior to the effective date of Chapter 191, 491) Temples, Faring, this set been histories, or in case of public to report may birth which this occurred subsequent to such dute, buth report may be received and med by the local registrar for reserving the Bureau of Vital Statistics for the purposes and uses prescribed in COLUMN OF THE PARTY OF THE PART adeliani de ab of the American thus better 1 Here is 176 ad Diwale is The same that is not a property take file for de la companya de la 

United States Department of Commerce	(Be sure the info	CENTIEICATE		inis ciliu)	State File No
Bureau of the Census	DEC 1.1 1941	STATE OF			Reg. Dist. No
(a) County (b) (c) Street Address or R.F.I.  (d) Name of Hospital or M  (e) Mother's stay BEFORE  IN THIS county (c)	. (b) City	na g	(a) State (c) City (d) Street A	Address or R.F.D. g has MOTHER DF FATHER (city	No. K. F. D. No. lived in Idaho? 7.0 , state) Moscow,
4. FULL NAME of a sel	Dianna	_ B.uc	Ranan	5. Date of Birth (Month, day)	of Child year Sept 28
6. Sex Fensle Trip	or	If so—born 1st, 2nd, 3rd		months Pregnacy 9	9. Legitimate?
FATHER (				MOTHER C	A
10. FULL William	12. Age at time of THIS birth.	mi.	17. Color or Race. 19. Birthplace.	fite 1 Seona (City or town)	8. Age at time of THIS birth.
Occupation			Occupation 21. Industry or Business		Trafe
<ul><li>22. Name prophylactic used to</li><li>23. Number of children of this</li></ul>	prevent Ophthalmi	a Neonatorum	including this ob	:14 <b>9</b> (b) Ba	ويندنا بيدو الروم وجنام مس
23. Number of Children of this		ATTENDANT'S		III. (b) BC	in anve and now hving
24. I HEREBY CERTIFY Tha			d, who was	at alive, stillborn)	M. on t
and at the place stated ab related to this child as			were furnished	y(First name)	(Last name)
25. Attendant's OWN signature		M.D. Midwife	Address		Date
County of Satur	•		//	in Item	
I, the undersigned, being fin Item 4, above, that I am no			(Mother, et	2.)	e person whose name a
(First name) the facts on the certificate ab	(Last name)		(Is now dece	eased) or (Cannot be	
Chapter 139, 1937 Session Law			asu L	Bucho	mone significant
Subscribed and sworn to 1	pefore me this	day of,	Decem	7	., 19 K/
Subscribed and sworn to I (SEAL) (Note: Perjury is punisha Received for filing on	L		Notary P		Potlatet C
(Note: Perjury is punisha	ble as a felonv∕in Io	laho: see Sec. 17	7-914. Idaho Cod	e Annotated.)	

(1937 Session Laws, Chapter 139, Section 4)

1	<b>7</b> 00	
	413 201 029 - 791	205844
# 80	United States (Be sure the information is as	of date of birth of THIS child) State File No. 325711
certifi- charge	Department of Commerce CERTIFICAT	
843		F IDAHO Reg. Dist. No.
A.o	DEC 10 1041 SINTE O	
LETED ling. No	1. PLACE OF BIRTH / P.H. t./	2. USUAL RESIDENCE of MOTHER (At time of this birth)
E Š	(a) County Latak (b) Citymen Pottatch	(a) State dalu (b) County Latalu
Ÿ띎	(c) Street Address or R.F.D. No(d) Name of Hospital or Maternity Home:	(c) City mean Pottstole
M T	(d) Name of Hospital of Materinty Home.	(d) Street Address or R.F.D. No.
COMPLET)	(e) Mother's stay BEFORE delivery:	(e) How long has <b>MOTHER</b> lived in Idaho? yrs.
o °	In Hosp. or Mat. Homedays. at home.	(f) Mother's mailing address Fatouse, Wry.
is de ii	IN THIS county years month days	3. RESIDENCE of FATHER (city, state)
Z P S	4. FULL NAME 7 / A / A . T A.	5. Date of Birth 71. 1001
o še je	OF CHILD Vina Grilla Dale	(Month, day, year) Ful. 1, 1891
ica ir	7. Twin or If so—born	8. No. months
g m ∰	6. Sex femula Triplet 1st, 2nd, 3rd FATHER OF CHILD	of Pregnancy 9. Legitimate? 1  MOTHER OF CHILD,
CS,	10. FULL OF THER OF CHILD	16. FULL MAIDEN
s sti	NAME Nover Dale	NAME CLAS Oraca
id at in	11. Color 12. Age at time	17 Color 18. Age at time
ည်း လူမှု	or Race while of THIS birth yrs.	or Race of THIS birth 20 yrs.
tin	13. Birthplace Will Rose Wisconsin,	19. Birthplace lesson County Kansas
e Vit	(City or town) (State or foreign country)	(City or town) (State or foreign country)
E 4 P	14. Exact Occupation farmer	20. Exact Conscion housewife
2 G	15. Industry or //	21. Industry or $\rho$
in Sea	Business Larmina.	Business hower maker.
at Mar	22. Name prophylactic used to prevent Cphthalmia Neonatorum	
e J	23. Number of children of this mother: (a) At time of birth an	d including this child
tat ayr	(c) Born alive and now dead (d) Stillborn	
អិលជ	24. I HEREBY CERTIFY That I attended the birth of this of	child, who wasM. on the date
ord typewrit postage to an advance		(born alive, stillborn)
va ee ge	and at the place stated above, and that personal particular related to this child as	A A (1712
ty]	DEC 10 1941 (Mother) etc.)	williams, Provide working in
P & H	26. (a) UEC 10 1341 (b) 11 aber 7 such	L 25. Attendant's VIVI area Les
0 70	(Date received) (Registrar's signature)	OWN signature M.D. (D.O., Midwife, etc.)
AS	(Date received) (Registrar's signature)  27. Given name added on by (Registrar's signature)	and address Date
K Rec CLASS equires		APPIDATION To be completed when the extendent of high in
	State of ss.	AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT SE LOCATED.
FIRST CODY	County of	^
BLA FIRS copy	I (L- m Craig being first of	duly sworn, say that I am. (Related to (or) acquainted with)
0 W D	$\sim$ 11. $\sim$ 11. $\sim$ 11.	(Itelated to (or) acquainted with)
#.E.	(Name of person on certificate above) as (S	whose birth certificate tate relationship or acquaintance)
Tra H	appears above, and that I desire to have the said birth recorde	ed under Chapter 139, 1937 Session Laws; and that the facts coneer state that (Name of attendent at hinth), who attended
Χ̈́gg	tained therein are true to the best of my knowledge. I furth	(Name of attendant at birth), who attended
AC Spe	Stop birth is now decessed and that the	is birth has not been previously recorded.
Br Ear	Public (Is now deceased (or) cannot be located)	A Pro la salar
Z H Y	My a Reside In the	Signature
d di	" ommine at the stee	P. O. Address
2.E	Subscriped and sworn to before me on thisd	ay of Movember, 1941
Usi	(SEALDON Idello	Notary Public, residing at
	19,10	11

(1937 Session Laws, Chapter 139, Section 4)

314/02047-212 (Be sure the information is as of date of birth of THIS child) United States State File No..... CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... STATE OF IDAHO Bureau of Census Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County Logah (b) City Belleview (a) State Idaho (b) County Logan (c) Street Address or R.F.D. No. No. No. 12 (c) City Belleyiew (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. No. No. None (e) How long has MOTHER lived in Idaho? \_\_\_\_\_yrs. (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address Bellevicw In Hosp, or Mat. Home. days. 3. RESIDENCE of FATHER (city, state) Deceases IN THIS county years month days 5. Date of Birth (Month, day year) / 121. 2 /89/ 7. Twin or If so—born 8. No. months ale 9. Legitimate? 6. Sex / Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Matie Fanning Baker NAME -12. Age at time 11. Color 17. Color 18. Age at time of THIS birth... of THIS birth... 13. Birthplace Big Beaver Mich (City of town) (State or foreign country) Marco, Indiana 19. Birthplace .. (State or foreign country) 20. Exact House Wite Occupation .... Occupation .... 15. Industry or 21. Industry or Business Business (c) Born alive and now dead Nanc (d) Stillborn None 24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ......, who is related to this child as..... 25 Attendant's (Registrar's signature) (Date received) OWN signature M.D. 27. Given name added on \_\_\_\_\_by\_\_\_(Registrar's signature) (D.O.,Midwife,etc.) and address Date State of California AFFIDAVIT To be completed when the attendant at birth is County of Los Angeles NOT LIVING or CANNOT BE LOCATED affic Flampbell,, being first duly sworn, say that I am related to (Related to (or) acquainted with) ogan Campbell as mother (Related to (or) acquainted with), whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts said birth Accessed and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Mattie to Comptell San Dimas, C. P. O. Address Subscribed and sworn to before me on this 2 day of December 1941.

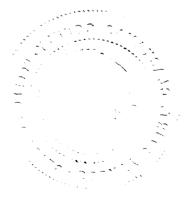
(SEAL) Land March Notary Public, residing at San Dun To Commission Berires July 10, 1943

(1937 Session Laws, Chapter 139, Section 4)

215 107 028 369	of date of birth of THIS child) State File NO.25831
United States (Be sure the information is as o	
Department of Commerce CERTIFICATE	
Bureau of the Census DEC 11 1941 STATE OF	F IDAHO Reg. Dist. No
. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) CountyKootenai (b) City. Post. Falls	(a) State Idaho (b) County Kootenai
(c) Street Address or R.F.D. No. None	(c) City Post Falls
(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No. None
at home	(e) How long has MOTHER lived in Idaho?2yrs.
(e) Mother's stay BEFORE delivery: IN THIS county years months days	3. RESIDENCE OF FATHER (city, state) Post Falls Ida
EIIII NAME	5. Date of Birth of Child
OF CHILD LESLIE LOTT SAVAGE	
7. Twin or If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy 9 9. Legitimate? yes
FATHER OF CHILD	MOTHER OF CHILD
). FULL	16. FILL MAIDEN
NAME Hiram B. Savage	NAME Emma A. Torrance 17. Color 18. Age at time
or Race White of THIS birth 28 yrs.	or Race White of THIS birth 27 yrs.
Color 12. Age at time or Race. White of THIS birth 28 yrs. Birthplace Silverton, Oregon  (City or town) (State or foreign country)	17. Color or Race White of THIS birth 27 yrs.  19. Birthplace Milwaukie, Oregon
+. PARICI.	20 Evact (City of town) (State of foreign country)
Occupation Blacksmith	Occupation Housewife
5. Industry or Business Blacksmith	21. Industry or Business None
22. Name prophylactic used to prevent Ophthalmia Neonatorum.	
23. Number of children of this mother: (a) At time of birth and	
ATTENDANT'S	
24. I HEREBY CERTIFY That I attended the birth of this chi	<del></del>
A. I HEREEDI OMITIFI I HAL I ALLENGER ME DILM OF HIM OM	(Born alive, stillborn)
and at the place stated above, and that personal particulars	s were furnished by, who is  (First name) (Last name)
(Mother, etc.)	(First name) (Last name)
25. Attendant's M.D.  OWN signature Midwife	Address Date
tate of Oragon sounty of Cartes	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
	Uncleof the person whose name appears
n Item 4, above, that I am nowyears of age, tha	(Mother etc.)
Mary Ricker	s birthdeceased I further state that
(First name) - (Last name)	(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my kn	nowledge, and that I desire to have this birth recorded under
chapter 139, 1937 Session Laws.	Signature
	ala Signature Signature
	Propert are Organister P. O. Address
Subscribed and sworn to before me this 8th day of (SEAL)	Olabora Dona Do tas (4)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 1	Walter votory Bible residing at Charles
eceived for filing on DEC 11 1941 b	by Main I Glalen, Registrar
	, , ,



(1937 Session Laws, Chapter 139, Section 4)



433.212.029-319 State File NoJZ5890 (Be sure the information is as of date of birth of THIS child) United States Department of Commerce NOV 3 CERTIFICATE OF BIRTH Local Reg. No..... Bureau of Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County (b) City Moscour (c) Street Address or R.F.D. No. Country (a) State......(b) County..... (c) City Moseow (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. Ut Home (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address. Moscow In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) Moscow Jak IN **THIS** county vears month davs 4. FULL NAME 5. Date of Birth OF CHILD 6thel (Month, day year). Necember 12. If so-born 7. Twin or 8. No. months 6. Sex c tema 9. Legitimate? Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME ..... NAME . 18. Age at time 12. Alge at time 17. Color 11. Color of THIS birth. of THIS birth 2.7 vrs. or Race.. 19. Birthplace Jest Shiffen Leyal
(City or town) (State or foreign country) 13. Birthplace 75 (State or foreign country) 14. Exact Occupation Hausewile Occupation .... 21. Industry or 15. Industry or Business **Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. 3.... (b) Born alive and now living. 3.... (c) Born alive and now dead / (d) Stillborn related to this child as Marken 11-25. Attendant's (Registrar's signature) (D.O..Midwife.etc.) 27. Given name added on by and address Date AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED County of..... Mary Margaret Mchanghlin he say being first duly sworn, say that I am (Related to (or) acquainted with) nay me Laughlin Burchell as mother (Related to (or) acquainted with)
whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937/Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. therein, who attended (Name of attengant at birth) said birth 18 May Alcuated and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) nd Notary Public, residing at Authe al (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

State File No. 326005 United States (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census DEC 15 1941 Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH 2. USUAL RESIDENCE At MOTHER: (At time of this bit (a) County (b) City (b) Cobbety a (c) Street Address or R.F.D. No..... (c) City (d) Name of Hospital or Materialty Home; (d) Street Address or R.F.D. No. (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho2. (f) Mother's mailing address. Walks In Hosp, or Mat. Home 2 days In THIS county years month davs. 3. RESIDENCE of FATHER (city, state) 4. FULL NAME 5. Date of Birth OF CHILD (Month, day, year)... If so-born 8. No. months Triplet 1st. 2nd. 3rd 9. Legitimate 2 of Pregnancy MOTHER OF FATHER OF CHILD 10. FULL 16. FULL MA NAME 11. Color 12. Age at time 17. Color 18. Age at time or Race of THIS birth or Race. of THIS birth 13. Birthplace 19. Birthplace (State or foreign country) 14. Exact 20. Exact Occupation \_ Occupation .. 15. Industry or Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum.... (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was... (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) related to this child as.... (Mother etc. 25. Attendant's (Date received) (Registrar's signature) OWN signature (D.O., Midwife, etc.) 27. Given name added on. ....bv... (Registrar's signature) and address Date State of AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED. County of being first paly sworn, say that I am..... (Related to (or) acquainted with) ..., whose birth certificate /(Name of person on certificate above) (Sate relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139,71937/Session Laws; and that the facts contained therein are true to the hest of now knowledge. I further state that..... ..... who attended (Name of attendant at birth) said birth. and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) rue Signature Wella Walla - Wand Subscribed and sworn to before me on this (SEAL) Notary Public, residing at

DECEMBER 1985

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DELAYED RECISION LAW

Rights the birth of a willed been prior to the affective date of Chapter 121, 1812 Securion Laws, has not been suported by in case of future to report any birth which has occurred subsequent to pack that leading seport may be applied and that by the local registers for record in the Barrest of Vital Statistics for the purposes and uppe arranginged in Chapter 2. This is Taglio becomes stated. What such report is example penied by a certificate of the attending pluridates of midwise or an attending pluridates of midwise father in mother of the father at matter of the shift on it actions at the purpose of the partial of his partial of his partial is living or actuallished the account of his partial at his or a great of the partial of his partial of his partial.

314-110-036-396 State File No. 327281 United States (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of Census STATE OF IDAHO Reg. Dist. No..... Mail COMPLETEL Idaho, for filing. N 2. USUAL RESIDENCE of MOTHER (At time of this birth 1. PLACE OF BIRTH (a) State (b) County (a) County. --... (b) City....*Q* (c) City Preston Onerdo (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? (e) Mother's stay BEFORE delivery: (f) Mother's mailing address. In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) IN THIS county vears month days 4. FULL NAME 5. Date of Birth May -10 (Month, day year) OF CHILD .... If so—born 7. Twin or 8. No. months 6. Sex Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME TALL NAME 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth or Race. 13. Birthplace (City or town) 19. Birthplace (State or foreign country) (State or foreign country) 20. Exact 14. Exact Occupation Occupation .... 21. Industry or 15. Industry or Business **Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child. .... (b) Born alive and now living .... (c) Born alive and now dead 4 (d) Stillborn none 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_at \_\_\_\_\_\_\_M on the date and at the place stated above, and that personal particulars were furnished by....., who is related to this child as (Mg (Last name) (First name) (b) KOLJE ( 30 ) 25. Attendant's OWN signature M.D. (Date received) 27. Given name added on by (Registrar's signature) (D.O., Midwife, etc.) and address Date AFFIDAVIT To be completed when the attendant at birth is County of Ma NOT LIVING or CANNOT BE LOCATED I Archie O. Lamoreaux being first duly sworn, say that I am related to (Related to (or) acquainted with) David Crockett Lamoreaux as brother whose birth certificate (State relationship or acquaintance) (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Grandmother Crookett ,, who attended (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) arolan Ulmana P. O. Address September 1941

Notary Public, residing at Cuandles Aria Subscribed and sworn to before me on the (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

928-210-014-168 State File No. 327282 United States (Be sure the information is as of date of birth of THIS child) 194 CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... Bureau of Census I. PLACE OF BIRTH 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) County CATYON (b) City CALDWELL (c) Street Address or R.F.D. No. SOUTH THRALL (d) Name of Hospital or Maternity Home: (a) State IDAHO (b) County CANYON (c) City CAIDWELL
(d) Street Address or R.F.D. No. SOUTH KIMBALL (e) How long has MOTHER lived in Idaho? 77 vrs. (e) Mother's stay **BEFORE** delivery: Mail (Idaho, (f) Mother's mailing address CALDWELL: IDANO In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) CALDWELL, IDA IN THIS county month davs vears 4. FULL NAME 5. Date of Birth OF CHILD FISTE ISHAM (Month, day year) MARCH 10, 1891 7. Twin or If so-born 8. No. months 6. Sex FEMALE of Pregnancy 9 9. Legitimate? YES Triplet 1st. 2nd. 3rd MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN 10. FULL NAME LIDA MARY JOHNSON NAME ALBERT FRANKLIN ISHAM 18. Age at time Color or Race THITE 18. 11. Color 12. Age at time 17. Color of THIS birth 33 vrs. of THIS birth 27 vrs. or Race WHITE 19. Birthplace BOISE VALLEY, IDAHO
(City or town) (State or foreign country) 13. Birthplace WILLISTON, VERMONT (State or foreign country) (City or town) (State or foreign country) 20. Exact Occupation HOUSENIEL Occupation PHYSICAN & SURGEON 21. Industry or 15. Industry or **Business Business** (c) Born alive and now dead (d) Stillborn 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_at \_\_\_\_\_M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as

26. (a) (Date received) (Degistrar's signature) (First name) (Last name) 25. Attendant's OWN signature M.D. (D.O.,Midwife,etc.) 27. Given name added on \_\_\_\_\_by\_\_\_\_(Registrar's signature) and address Date State of TDAHO.

County of CANYON ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED I, LIDA MADY ISHAM being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) ISHA (Related to (or) acquainted with)

NOTHER , whose birth certificate person on certificate above) (State relationship or acquaintance) (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR A F ISHAM , who attended (Name of attendant at birth) IS NOW DECEASED and that this birth has not been previously recorded. Lida Inazy. Akasn. Signature (Is now deceased (or) cannot be located) Subscribed and sworn to before me on this day of Assessment P. O. Address Notary Public, residing at Cardwell Idaha (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

United States  Department of Commerce  Bureau of the Census  (Be sure the information is as a CERTIFICATION STATE OF	E OF BIRTH	State File 327310  Local Reg. No
1. PLACE OF BIRTH (All items at time of this birth)  (a) CountyAda	2. USUAL RESIDENCE OF MOT  (a) StateIdaho  (c) City	HER (At time of this birth) (b) CountyAda
(e) Mother's stay BEFORE delivery: IN THIS county 7 years months days	3. RESIDENCE OF FATHER (city	
4. FULL NAME GEORGE THERON WARREN 7. Twin or If so—born	5. Date of Birti (Month, day 8. No. months	h of Child 7, year) Supt 29 189
6. Sex Male Triplet 1st, 2nd, 3rd		9. Legitimate? YOS
FATHER OF CHILD	MOTHER	OF CHILD
NAME HENRY WILLIAM WARREN	16. FULL MAIDEN Laura	Emerson Warren
11. Color 12. Age at time or Race	17. Color white or Race White  19. Birthplace Janesvil	18. Age at time 26 vrs
14. Exact	20. Exact Hous wif	
Occupation Farmer	21. Industry or Business Teacher	*-
22. Name prophylactic used to prevent Ophthalmia Neonatorum.		
23. Number of children of this mother: (a) At time of birth and		
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chi and at the place stated above, and that personal particulars	(Born alive, stillborn)  s were furnished by	Warren who is
related to this child as	Address //0/ Fort St.	
State of	AFFIDAVIT to be completed when in Item	n the attendant does not sign 25.
I, the undersigned, being first duly sworn, say that I am the.	of th	ne person whose name appears
in Item 4, above, that I am nowyears of age, the	(Mother, etc.) at I have known this person for	years, and that
, who attended this	s birth	I further state that
(First name) (Last name) the facts on the certificate above are true to the best of my ki	(Is now deceased) or (Cannot be	located)
Chapter 139, 1937 Session Laws.	ioniongo, min mat i desire to il	are and but recorded ander
		•
Subscribed and sworn to before me thisday of		
(SEAL)		.t
(Note: Perjury is punishable as a felony in Idaho; see Sec. 1	1/1/4	
Received for filing on Dec 19	by Malvey I I	lefer , Registrar

(1937 Session Laws, Chapter 139, Section 4)

327548 462 721 7000 514 State File No.9. United States (Be sure the information is as of date of birth of THIS child) Local Reg. No. Department of Commerce CERTIFICATE OF BIRTH DEC 31 1941 STATE OF IDAHO Bureau of the Census Reg. Dist. No..... ering this certificate. Mail COMPLETED certificate in Boise, Idaho, for filing. No charge for filing. Each coin. 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County...Wash....(b) City. Salubria...... (a) State...Idaho.....(b) County.Wash..... (c) Street Address or R.F.D. No..... (c) City Salubria (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 50 ......vrs. (e) Mother's stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) months days IN THIS county A years 7 5. Date of Birth of Child (Month, day, year) 11-21-1891 4. FULL NAME OF CHILD.....John Morgan If so-born 7. Twin or 8. No. months 9. Legitimate? Yes 6. Sex Male Triplet 1st, 2nd, 3rd of Pregnacy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Neata Vail 10. FULL NAME John Morgan Color 12. Age at time 32 11. Color 17. Color 18. Age at time Age at time of THIS birth 32 yrs. or Race white or Race white of THIS birth vrs 19. Birthplace Glendale, Ohio 13. Birthplace. Sedalia, Missouri (State or foreign country) (City or town) 14. Exact 20. Exact housewife Occupation farmer Occupation ... 15. Industry or 21. Industry or housewife Business Business farming 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child None. (b) Born alive and now living........... ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was......at....6...P. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Romancy ... Vail ... Parke ...... who is related to this child as......Aunt.....(Mother, etc.) (Last name) 25. Attendant's M.D. **OWN** signature Midwife Address Masa, Idaho. Date 12-31-41 State of Idaho
County of Nez Perce ss. Idaho AFFIDAVIT to be completed when the attendant does not sign (Mother, etc.) the facts on the certificate above are true to the jest of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Chapter 139, 1937 Session Laws. Witness to her mark. / here Mark Signature P. O. Address

Subscribed and swern to be me this Ziat / day of Dec. , 1941 ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Sent / Wusum Notary Public, residing at Boise, Idaho

(SEAL)

Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

(1937 Session Laws, Chapter 139, Section 4)

	653-102-022-349	208000
certifi- charge	United States (Be sure the information is as of	of date of birth of THIS child) State File No. 327693
5 <del>C</del>	4044	E OF BIRTH Local Reg. No
S S	Bureau of Census DEC 30 1941 STATE O	F IDAHO Reg. Dist. No.
certificate. Mail COMPLETED ics, Boise, Idaho, for filing. No ey order or coin.	1. PLACE OF BIRTH  (a) County Jeffsman (b) City Righy  (c) Street Address or R.F.D.No.  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery:	2. USUAL RESIDENCE of MOTHER (At time of this birth)  (a) State Idaho (b) County Idaho  (c) City Rigby (d) Street Address or R.F.D.No.  (e) How long has MOTHER lived in Idaho? 60 yrs.
Mail Idaho, coin.	In Hosp, or Mat. Home days, IN THIS county years month days	(f) Mother's mailing address Arco, Idaho 3. RESIDENCE of FATHER (city, state) Deceased
Se it	4. FULL NAME OF CHILD. Horace Harrison Welch	5. Date of Birth (Month, day year) June 2, 1891
Boir	7. Twin or If so-born	8. No. months
s, J	6. Sex male Trip et 1st, 2nd, 3rd FATHER OF CHILD	of Pregnancy 9 9. Legitimate? TOS MOTHER OF CHILD
is c stic	10 FILE.	16. FULL MAIDEN. NAME ORS. F. Cure
Sati	NAME John Todd Welch 11. Color 12. Age at time	17 0 1
ing al f	or Race white of THIS birth 31 yrs.	or Race White 18. Age at time of THIS birth 23 yrs
Plet Vit	13. Birthplace Hudson, Mich (City or town) (State or foreign country)	19. Birthplace <b>Grant City</b> , <b>Missouri</b> (City or town) (State or foreign country)
of ifty	14. Exact Occupation School teacher and farmer	20. Exact Occupation Housewife
in c	15 Industry or	21. Industry or
on 3	Business	Business Not. Known
tate I	22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth an (c) Born alive and now dead (d) Stillborn none	d including this child (b) Born alive and now living
o ite	24. I HEREBY CERTIFY That I attended the birth of this c	hild, who was a live at
ypewrite tage to dvance	and at the place stated above and that personal particular related to this child as Mother	s were furnished by Ora Cure Welch, who is (First name) (Last name)
Record typewriter ribbon in completing this ASS postage to State Bureau of Vital Satisties an advance payment of fifty cents, monders an advance payment of fifty cents, monders and the statement of the statemen	26. (a) <b>DEC 30 9A.</b> (b) (Registrar's signature)  27. Given name added on by (Registrar's signature)	25. Attendant's  OWN signature
ACL.		
AC ST-(	State of Idaho County of Butte	<b>AFFIDAVIT</b> To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
r BLA FIRST copy r	One Welch	not brying or convict be becomes.
o we	I, Ora Welch , being first d Horace Harrison Welch 28	(Related to (or) acquainted with)
Hiji Hiji	(Name of person on certificate above)	(Related to (or) acquainted with) whose birth certificate (State relationship or acquaintance)
K J	appears above, and that I desire to have the said bigth recorde tained therein are true to the best of my knowledge. I further	State relationship or acquaintance) id under Chapter 139, 1937 Session Laws; and that the facts con- er state that Dr. Mitchell , who attended (Name of sitendant at birth) is birth had not been previously recorded
BLACK velope b Each ce		is bitti has not been previously recorded.
E SE	(Is now deceased (or) cannot be located)	Signature Signature
~ # %	Subscribed and sworn to before me on this 27th and	Arco, Idaho P. O. Address
filing	Subscribed and sw/rn to before me on this 27th and	y of December - 1921
Use	(SEAL)	Notary Public, residing at Arco, Idaho

\_\_\_\_\_

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(1937 Session Laws, Chapter 139, Section 4)

	<del>-</del>	ATE OF BIRTH	State File No. 3281.
В	ureau of the Census STATE	OF IDAHO	Reg. Dist. No
1.	PLACE OF BIRTH (All items at time of this birth)  (a) CountyKootenai(b) CityRathdrum(c) Street Address or R.F.D. NoRural(d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: IN THIS county years 6 months days	(a) State	THER (At time of this birtime (b) County Kootenas F.D. No Rural ER lived in Idaho? 1/2 city, state) Rathdrum, I
4.	FULL NAME HERSCHEL EARNEST TRIPP	5. Date of B (Month, o	irth of Child Sept. 20, 1
6.	7. Twin or If so—born Sex Male Triplet 1st, 2nd, 3:	n 8. No. months	9 9. Legitimate? Ye
	FATHER OF CHILD		R OF CHILD
10	NAME Francis Marion Tripp	16. FULL MAIDEN Lieu	Annie Shipe
11	Color 12. Age at time	45 0-1	18. Age at time
	or Race White of THIS birth 27 yrs.	or Race White	of THIS birth 24 Illinois
	(City or town) (State or foreign country)	(City or town	
14	Exact Coccupation Farmer	20. Exact Occupation House	wife
15	5. Industry or	21. Industry or	
	Business	Business	
		'S CERTIFICATE	Born anve and now nving
	ATTENDANT  I. I HEREBY CERTIFY That I attended the birth of this of and at the place stated above, and that personal particular in the place stated above.	Child, who was	tM. on the
24	ATTENDANT  I. I HEREBY CERTIFY That I attended the birth of this of and at the place stated above, and that personal particular related to this child as	r'S CERTIFICATE child, who wasa (Born alive, stillborn)	, w
24	ATTENDANT  I. I HEREBY CERTIFY That I attended the birth of this of and at the place stated above, and that personal particular related to this child as (Mother, etc.)  I. Attendant's M.D.	r's CERTIFICATE child, who was	tM. on the
24	ATTENDANT  I. I HEREBY CERTIFY That I attended the birth of this of and at the place stated above, and that personal particular related to this child as (Mother, etc.)  OWN signature M.D. Midwi	r's CERTIFICATE child, who was	t
24	ATTENDANT  I. I HEREBY CERTIFY That I attended the birth of this of this of this child as	r's CERTIFICATE child, who was	t
24 25 St Co	ATTENDANT  I. I HEREBY CERTIFY That I attended the birth of this of and at the place stated above, and that personal particular related to this child as	r's CERTIFICATE  child, who was	Date  Date  hen the attendant does not em 25.  the person whose name ap or 50 \(\frac{1}{4}\) years, and the located
25	ATTENDANT  I. I HEREBY CERTIFY That I attended the birth of this of and at the place stated above, and that personal particular related to this child as (Mother, etc.)  S. Attendant's (Mother, etc.)  M.D. Midwing tate of (Mother, etc.)  M.D. Midwing tate of (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the state of the same	child, who was	Date  hen the attendant does not em 25.  The person whose name apportunity of the located by the
25	ATTENDANT  I. I HEREBY CERTIFY That I attended the birth of this of and at the place stated above, and that personal particular related to this child as (Mother, etc.)  S. Attendant's (Mother, etc.)  M.D. Midwing that of (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the litem 4, above, that I am now (Pirst name) (Last name)  the facts on the certificate above are true to the best of my hapter 139, 1937 Session Laws.  E. 53	child, who was	t
25	ATTENDANT  I. I HEREBY CERTIFY That I attended the birth of this of and at the place stated above, and that personal particular related to this child as (Mother, etc.)  S. Attendant's (Mother, etc.)  M.D. Midwing that of Midwing the control of the county of Spokane (Ss.  I, the undersigned, being first duly sworn, say that I am the litem 4, above, that I am now 74 years of age, that a Burgler (First name) (Last name) the facts on the certificate above are true to the best of my hapter 139, 1937 Session Laws.  E. 53  Subscribed and sworn to before me this 6th day	child, who wasa (Born alive, stillborn) ars were furnished by(First natified Address  Affidavit to be completed win It have known this person for this birth(Is now deceased) or (Canno knowledge, and that I desire to	Date  hen the attendant does not em 25.  the person whose name apport 50 \(\frac{1}{4}\) years, and let be located)  have this birth recorded to have this birth recorded to have the birth recorded to have the birth recorded to have the located.  Bignary 42
24 25 ——————————————————————————————————	ATTENDANT  I. I HEREBY CERTIFY That I attended the birth of this of and at the place stated above, and that personal particular related to this child as (Mother, etc.)  S. Attendant's (Mother, etc.)  M.D. Midwing that of Midwing the control of the county of Spokane (Ss.  I, the undersigned, being first duly sworn, say that I am the litem 4, above, that I am now 74 years of age, that a Burgler (First name) (Last name) the facts on the certificate above are true to the best of my hapter 139, 1937 Session Laws.  E. 53  Subscribed and sworn to before me this 6th day	child, who was	Date  hen the attendant does not em 25.  the person whose name apportunity of the belocated)  have this birth recorded to have the ha

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sure the information is as	of date of birth of THIS child)	328336 State File No
	E OF BIRTH	Local Reg. No.
	F IDAHO	Reg. Dist. No.
1. PLACE OF BIRTH (All items at time of this birth) (a) County (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery:	(a) State Doubo (c) City	THER (At time of this birth) (b) County D. D. No.  R lived in Idaho?
IN THIS county 64 years 6 months days	3. RESIDENCE OF FATHER (ci	ty, state)
	(Month, da	th of Children, year 17-1891
6. Sex Flance 7. Twin or 1 If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy	9. Legitimate? Y
FATHER OF CHILD  10. FULL Abremah, Mascau Will  11. Color 12. Age at time or Race of THIS birth 0.0 yrs.  13. Birthplace Catombus 0 his (State or foreign country)  14. Exact Occupation Farming  15. Industry or Business  22. Name prophylactic used to prevent-Ophthalmia Neonatorum	16. FULL MAIDEN WANTE 17. Color or Race Water 19. Birthplace (City or town)  20. Exact Occupation House 21. Industry or Business	18. Age at time of THIS birth 2 yr (State or foreign country)
23. Number of children of this mother (a) At time of birth an		
24. I HEREBY CERTIFY That I attended the birth of this ch	(Born alive, stillborn)	
24. I HEREBY CERTIFY That I attended the birth of this ch and at the place stated above, and that personal particular related to this child as	ild, who wasat (Born alive, stillborn)	, who
24. I HEREBY CERTIFY That I attended the birth of this ch and at the place stated above, and that personal particular	ild, who wasat. (Born alive, stillborn) s were furnished by(First nam	, who
24. I HEREBY CERTIFY That I attended the birth of this ch  and at the place stated above, and that personal particular related to this child as	ild, who wasat. (Born alive, stillborn) s were furnished by(First nam	Date  en the attendant does not sig
24. I HEREBY CERTIFY That I attended the birth of this change and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's M.D. Midwife State of State of Ss.  County of Ss.  I, the undersigned, being first duly sworn, say that I am the	at (Born alive, stillborn) s were furnished by (First name)  Address  AFFIDAVIT to be completed when in Ite	Date  en the attendant does not sig m 25. the person whose name appear
24. I HEREBY CERTIFY That I attended the birth of this chand at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  OWN signature M.D. Midwife State of St	at Address  AFFIDAVIT to be completed when in Ite (Mother, etc.)  (Mother, etc.)  at have known this person for	Date  en the attendant does not sign 25.  the person whose name appea
24. I HEREBY CERTIFY That I attended the birth of this change and at the place stated above, and that personal particular related to this child as	at (Born alive, stillborn)  s were furnished by (First name)  Address  AFFIDAVIT to be completed when in Ite (Mother, etc.) at have known this person for s birth (Is now deceased) or (Cannot nowledge, and that I desire to the complete of	Date  en the attendant does not sign 25.  the person whose name appear, and the located have this birth recorded und Signatur Sig
24. I HEREBY CERTIFY That I attended the birth of this change and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of (Mother, etc.)  State of (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now (a. Q. years of age, the (First name) (Last name)  the facts on the certificate above are true to the best of my k Chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this day of	at Address  Affidavit to be completed when in Ite (Mother, etc.)  at have known this person for so birth	Date  en the attendant does not sim 25.  the person whose name appears, and the located belocated have this birth recorded uncompared to the located belocated by the located by the located belocated by the located by

Spin of

(1937 Session Laws, Chapter 139, Section 4)

(1937 Session Laws, Chapter 139, Section 4)

(1937 Session Laws, Chapter 139, Section 4)

and address

(Registrar's signature)

Date



# LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. \* \* \* \* \* \* , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local egistrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fired not less than \$10 nor more than \$300.

# MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a)	Pregnancy: Complications of	(d)	Did	baby have any:
	<u> </u>		(1)	Congenital Malformation?
				Describe:
(b)	Labor: Complications:		(2)	Birth Injury?
				Describe:
	Induced?		(3)	Was mother given a Wasserman before delivery?
				Yes No Pos Neg
(c)	State all operations for delivery	(e)	Sign	ature of Physician:

Department of Commerce . CERT	on is as of date of birth of THIS child)  FIFICATE OF BIRTH  ATE OF IDAHO  State File 18 8099  Local Reg. No.  Reg. Dist. No.
1. PLACE OF BIRTH (All items at time of this birth) (a) County	
(e) Mother's stay BEFORE delivery: IN THIS county years months	days  (e) How long has MOTHER lived in Idaho?
4. FULL NAME Clarence Ense	5. Date of Birth of Child
	—born 8. No. months 2nd, 3rd of Pregnacy 9 9. Legitimate?
10. FULL A FATHER OF CHILD	MOTHER OF CHILD
11. Color 11. Age at time	17. Color 1.0 = 18. Age at time
or Race of THIS birth	yrs. or Race Watter of THIS birth
13. Birthplace Oslo (City or town) (State or foreign country	y) 20. Exact (City or town) (State or foreign country
Occupation Tarmer	Occupation Assurement
15. Industry or	21. Industry or
	Business natorum
22. Name prophylactic used to prevent Ophthalmia Neon 23. Number of children of this mother: (a) At time of the ATTEN 24. I HEREBY CERTIFY That I attended the birth of	Business  natorum.  poirth and including this child3 (b) Born alive and now living  DANT'S CERTIFICATE  this child, who was formalized at the (Born alive, stillborn)  (Born alive, stillborn)
22. Name prophylactic used to prevent Ophthalmia Neon 23. Number of children of this mother: (a) At time of the state of t	Business  natorum.  poirth and including this child3 (b) Born alive and now living  IDANT'S CERTIFICATE  this child, who was formula at
22. Name prophylactic used to prevent Ophthalmia Neon 23. Number of children of this mother: (a) At time of the second of this mother: (b) ATTEN 24. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal parelated to this child as (Mother, etc.) 25. Attendant's OWN signature OWN Signature	Business  natorum.  poirth and including this child
22. Name prophylactic used to prevent Ophthalmia Neon 23. Number of children of this mother: (a) At time of the second of this mother: (a) At time of the second of this mother: (a) At time of the second of this child at the place stated above, and that personal parelated to this child as (Mother, etc.) 25. Attendant's (Mother, etc.) State of S	Business  natorum.  poirth and including this child
22. Name prophylactic used to prevent Ophthalmia Neon 23. Number of children of this mother: (a) At time of the second of this mother: (b) ATTEN  24. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal parelated to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of (Samuel County of Samuel County of	Business  natorum.  poirth and including this child
22. Name prophylactic used to prevent Ophthalmia Neon 23. Number of children of this mother: (a) At time of the late of late o	Business  natorum.  porth and including this child
22. Name prophylactic used to prevent Ophthalmia Neon 23. Number of children of this mother: (a) At time of the second of the second of the second of this mother: (b) At time of the second of the se	Business  natorum.  poirth and including this child
22. Name prophylactic used to prevent Ophthalmia Neon 23. Number of children of this mother: (a) At time of the second of the second of the second of this mother: (b) At time of the second of the se	Business  natorum.  poirth and including this child
22. Name prophylactic used to prevent Ophthalmia Neon 23. Number of children of this mother: (a) At time of the latest of latest latest of latest latest of latest latest of latest	Business  natorum.  poirth and including this child
22. Name prophylactic used to prevent Ophthalmia Neon 23. Number of children of this mother: (a) At time of the late of this mother: (a) At time of the late of this mother: (a) At time of the late of this mother: (a) At time of the late of this child as and at the place stated above, and that personal parelated to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of (Mother,	Business  natorum.  poirth and including this child
22. Name prophylactic used to prevent Ophthalmia Neon 23. Number of children of this mother: (a) At time of the late of the late of this mother: (a) At time of the late of this child as and at the place stated above, and that personal parelated to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Sale of	Business  natorum.  poirth and including this child

MAR 24 1342

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

418-217-044-639 328926 328926 5 1942 (Be sure the information is as of date of birth of THIS child) State File No..... Department of Commerce. CERTIFICATE OF BIRTH Local Reg. No..... STATE OF IDAHO Bureau of Census Reg. Dist. No..... 1. PLACE OF BIRTH 2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) County Washington (b) City Midvale (a) State Da County (b) County (c) Street Address or R.F.D. No..... (c) City Mid VALE country (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address DEAD In Hosp. or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) IN **THIS** county month years days 4. FULL NAME 5. Date of Birth (Month, day year) 216-17-1891 OF CHILD 7. Twin or If so—born 8. No. months Ist, 2nd, 3rd Triplet of Pregnancy Legitimate? FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN 10. FULL NAME MHY 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth...3./.....yrs. or Race.... of THIS birth...2 19. Birthplace 13. Birthplace Juguaa (City or Nown) (State or foreign country) (City or town) (State or foreign country) 20. Exact Occupation Jum Occupation . 21. Industry or 15. Industry or Business **Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child........ (b) Born alive and now living. (c) Born alive and now dead (d) Stillborn (born alive, stillborn) and at the place stated above, and that personal particulars, were furnished by....... who is related to this child as (Mother, etc.) (First name) 26. (a) JAN 25. Attendant's (Registrar's signature) OWN signature..... (Date received) 27. Given name added on by (Registrar's signature) (D.O., Midwife, etc.) and address Date AFFIDAVIT To be completed when the attendant at birth is State of.: NOT LIVING or CANNOT BE LOCATED County of. being first duly sworn, say that I am (Related to (or) acquainted with) .as...., whose birth certificate (Name of person of certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 39, 1937 Session Laws; and that the facts who attended contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Subscribed and sworn to before m Notary Public, residing at (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce CERTIFICAT	of date of birth of THIS child) E OF BIRTH F IDAHO	State File No
1. PLACE OF BIRTH (All items at time of this birth)  (a) Countypreemont (b) CityRexburg  (c) Street Address or R.F.D. No  (d) Name of Hospital or Maternity Home:	8. No. months	(b) CountyFreemont  No
10. FULL NAME Thomas Henry Montgomery  11. Color ORACE White Of THIS birth 38 yrs.  13. Birthplace Do Moine Lowa (City or town) (State or foreign country)  14. Exact Occupation Farmer	16. FULL MADEN NAME  17. Color or Race White  19. Birthplace. Agusta	of THIS birth30
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to prevent Ophthalmia Neonatorum</li> </ul>	21. Industry or Business	
15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth an  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this ch and at the place stated above, and that personal particular	d including this child.6 (b) Be CERTIFICATE (Born alive, pullborn) s were furnished by	orn alive and now living.6
15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth an ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  State of (Sec.)	d including this child 6 (b) Be CERTIFICATE Lild, who was Law Alward (Born alive, pilliborn) s were furnished by Formula (First name) a Address 6 /6 Puril CAFFIDAVIT to be completed when	orn alive and now living 6  AM. on the (Last game)  The Date Jun 20, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1
15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth an ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.) M.D. Midwife State of San	d including this child.6	Marks and now living 6  Marks and now living 6  Marks and more living 6  (Last game)  The Date for 10, for the attendent does not 25.  The person whose name approximately and located are this birth recorded to the state of the

(1937 Session Laws, Chapter 139, Section 4)

	819 129-003-748	329054	_
9 79	IAN 26 1942	nation is as of date of birth of THIS child)	State File No 329059
ō 향		CERTIFICATE OF BIRTH	Local Reg. No.
ert Cert	Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
ertificate in e filing. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) County D. A. M. N. C. K. (b) City P.O.C. A. (c) Street Address or R.F.D. No. C. A. R. F. I. C. (d) Name of Hospital or Maternity Home:	$ \begin{array}{cccc} TCLLO & \text{(a) State } IDAHC \\ DAVE & \text{(c) City } POCAT \end{array} $	OTHER (At time of this birth)  (b) County BANNOCK  CLO  F.D. NOCARFIELD
TED for	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <b>x 3</b> years months	days 3. RESIDENCE OF FATHER (	ER lived in Idaho?yrs. city, state) POCATELLO
COMPLETED to charge for	4. FULL NAME WILLIAM BERTRA  7. Twin or	f so—born  5. Date of B. (Month, of So—born  8. No. months	irth of Child T-29-91
ဗိန္		st, 2nd, 3rd of Pregnacy	9. Legitimate? 🗶
Maii g.	FATHER OF CHILD	MOTHE	R OF CHILD
	10. FULL WILLIAM JAMES	HARRIS 16. FULL MAIDEN RA	EMMA GUYOR
rtificato, o, for f	or Race WHITE 12. Age at time of THIS birth 2.  13. Birthplace CARDIF WALES	yrs. 17. Color or Race WHITE 19. Birthplace MONRO	18. Age at time 9 0 yrs. MICHIGAN
g this ce se, Idah	14. Exact Occupation RAILROAD WOR	K 20. Exact Occupation HoUS 21. Industry or	
ting Bois	Business	Business	
5 S S	22. Name prophylactic used to prevent Ophthalmia 1		
e isti	23. Number of children of this mother: (a) At time		Born alive and now living
on in Stat sy ord	24. I HEREBY CERTIFY That I attended the birth	TENDANT'S CERTIFICATE  of this child, who wasa	tM. on the date
ar ribbo of Vita , mone	and at the place stated above, and that persona related to this child as	(Born alive, stillborn)  1 particulars were furnished by (First na	me) (Last name), who is
sevritorical cents	25. Attendant's (Mother, etc.)  OWN signature	M.D. Midwife Address	Date
rd ty ff Bu	State of Utah County of Ss.	AFFIDAVIT to be completed we in It	hen the attendant does not sign em 25.
5 5 E	I, the undersigned, being first duly sworn, say th	at I am theof	the person whose name appears
LACK R tage to paymen	in Item 4, above, that I am now 70 year		or 50 years, and that
k or Bi SS posivance	(First name) (Last name) the facts on the certificate above are true to the be Chapter 139, 1937 Session Laws.	est of my knowledge, and that I desire to	have this birth recorded under
T-CK F-CF F-CF	304	Celare Commo Har	Signature P. O. Address
y BLA FIRS	Subscribed and sworn to before me this	Notary Public, residing	g at Ugden, Utah
onl ring 7 re	(Note: Perjury is punishable as a felony in Idah	o; see Sec. 17-914 Idaho Code Annotated.)	O Exp. 5/5/43
Use bear copy	Received for filing on	by 111 wy -> 12	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

	of date of birth of THIS child E OF BIRTH OF IDAHO	State File N22255. Local Reg. No. 2255. Reg. Dist. No.	
1. PLACE OF BIRTH (All items at time of this birth)  (a) County, Washington (b) City, Weiser  (c) Street Address or R.F.D. No 4  (d) Name of Hospital or Maternity Home: Born at home, 12 miles from Weiser  (e) Mother's stay BEFORE delivery: IN THIS county 13 years 11 months 9 days  4. FULL NAME OF CHILD. Louis Clark Lane  7. Twin or If so—born	(a) State	(city, state) Weiser, Idaho Birth of Child day, year) 3-6-1891	
6. Sex Male Triplet Twin 1st, 2nd, 3rd		9 9. Legitimate? Yes	
10. FULL John Wesley Lane  11. Color or Race. White of THIS birth 35 yrs.  13. Birthplace. Des Moines, Lows.  14. Exact (City or town) (State or foreign country)  15. Industry or Business Farming	16. FULL MAIDEN NAME VICTORIA  17. Color or Race White  19. Birthplace Tarkio  20. Exact Occupation Homology  21. Industry or	18. Age at time of THIS birth 20 yrs	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
22. Name prophylactic used to prevent Ophthalmia Neonatorum	none		
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth an	none none (1) dincluding this child 2 (1)	b) Born alive and now living1	
23. Number of children of this mother: (a) At time of birth ar	nd including this child2 ()  CERTIFICATE	b) Born alive and now living1	
23. Number of children of this mother: (a) At time of birth ar	nd including this child2 ()  CERTIFICATE	b) Born alive and now living1	
23. Number of children of this mother: (a) At time of birth an ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chand at the place stated above, and that personal particular related to this child as	d including this child(1 CERTIFICATE tild, who was	at	
23. Number of children of this mother: (a) At time of birth ar  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child as (Mother, etc.)  25. Attendant's (Mother, etc.)	d including this child	at	
23. Number of children of this mother: (a) At time of birth ar  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular related to this child as.  (Mother, etc.)  25. Attendant's  OWN signature  M.D.  Midwife	d including this child	at	
23. Number of children of this mother: (a) At time of birth ar  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular related to this child as  (Mother, etc.)  25. Attendant's  M.D.	d including this child	at	
23. Number of children of this mother: (a) At time of birth ar  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular related to this child as.  (Mother, etc.)  25. Attendant's  OWN signature  M.D.  Midwife	d including this child	at	
23. Number of children of this mother: (a) At time of birth ar  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this change and at the place stated above, and that personal particular related to this child as	ad including this child	Date  when the attendant does not sig  Item 25.  of the person whose name appear  for 50 years, and the	
23. Number of children of this mother: (a) At time of birth ar  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chand at the place stated above, and that personal particular related to this child as	ad including this child	at	
23. Number of children of this mother: (a) At time of birth are ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child as and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. M.D. Midwife State of Idaho (State of Id	d including this child. 2	Date  when the attendant does not sig Item 25.  of the person whose name appear for 50	
23. Number of children of this mother: (a) At time of birth are ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child as and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  State of Idaho (State of Idaho (County of Washington (Pirst name) (Last name)  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now (Pirst name) (Last name)  (Last name) (Last name)  Chapter 139, 1937 Session Laws.	control of the completed of the complete of the co	Date  when the attendant does not signed the person whose name appear for \$\sqrt{9}\$ we have this birth recorded under the content of the person whose name appear for \$\sqrt{9}\$ when the attendant does not signed the person whose name appear for \$\sqrt{9}\$ when the attendant does not signed the person whose name appear for \$\sqrt{9}\$ when the person whose name appear for \$\sqrt	
23. Number of children of this mother: (a) At time of birth ar  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child as and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Idaho (State of Idaho (State of Idaho (State of Idaho (First pame))  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now (First pame) (Last name)  the facts on the certificate above are true to the best of my keepler 139, 1937 Session-Laws.	d including this child. 2	Date  When the attendant does not signed the person whose name appear for	
23. Number of children of this mother: (a) At time of birth ar  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child as and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Idaho (State of Idaho (State of Idaho (State of Idaho (First pame))  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now (First pame) (Last name)  the facts on the certificate above are true to the best of my keepler 139, 1937 Session-Laws.	d including this child. 2	Date  When the attendant does not signed as ed	
23. Number of children of this mother: (a) At time of birth ar  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child as and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Idaho (State of Idaho (State of Idaho (State of Idaho (State of Idaho (First name)) (Last name)	d including this child. 2	Date  Date  When the attendant does not signed 25.  of the person whose name appear for 50 years, and that a sed 1 further state that to have this birth recorded under 50 years.	
23. Number of children of this mother: (a) At time of birth ar  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child as and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  State of Idaho County of Washington (Sss.  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now (First name) (Last name)  the facts on the certificate above are true to the best of my to Chapter 139, 1937 Session Laws.	d including this child. 2	Date  Date  When the attendant does not sig Item 25.  of the person whose name appear for 50 years, and the ased years, and the ased to have this birth recorded under  Signatur	
23. Number of children of this mother: (a) At time of birth ar  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Idaho (State of Idaho	d including this child. 2	Date  When the attendant does not signed for	

JAN 21 34

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



I cape of

218-110-003 230367 certifi-charge (Be sure the information is as of date of birth of THIS child) State File No. 330367. United States Local Reg. No..... CERTIFICATE OF BIRTH Department of Commerce Mail COMPLETED Idabo, for filing. No Reg. Dist. No..... Bureau of Census STATE OF IDAHO 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County Bannock (b) CityPocatello (a) State Idaho (b) County Bannock (c) Street Address or R.F.D. No. (c) City Pocatallo (d) Name of Hospital or Maternity Home: Born at home no hospital (e) Mother's stay BEFORE delivery: (f) Mother's mailing address Pocatello Idaho In Hosp. or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) Pocatello, Ida IN THIS county davs vears month 4. FULL NAME 5. Date of Birth (Month, day year) Oct. 10-1891 OF CHILD Carl John Sahlberg 7. Twin or If so-born 8. No. months 6. Sex Male Triplet 1st. and 3rd of Pregnancy 9 9. Legitimate? Yes MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN 10. FULL NAME Gus Sahlberg NAME Matilda Olin 11. Color 12. Age at time 17. Color 18. Age at time or Race White or Race White of THIS birth...30.....vrs. of THIS birth.....28....vrs. 13. Birthplace Sweden, Europe 19. Birthplace Sweden, Europe (City or town) (State or foreign country) (State or foreign country) (City or town) 20. Exact Occupation Housewife Occupation Carpenter. 15. Industry or 21. Industry or Business Business (c) Born alive and now dead o (d) Stillborn 0 24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by......, who is 26. (a) JAN 27 19472 25. Attendant's (Registrar's signature) OWN signature M.D. (Date received) 27. Given name added on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Registrar's signature) (D.O., Midwife, etc.) Date and address

State of Bannock ss. AFFIDAVIT To be completed when the attendant at birth is County of Idaho NOT LIVING or CANNOT BE LOCATED I. Amenda Inglestrom being first duly sworn, say that I am the aunt

(Related to (or) acquainted with) Carl John Sahlberg, and was present at time of his birth, whose birth certificate (State relationship or acquaintance)

(Name of person on certificate above)

said birth is now deceased. and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located) P. O. Address

Subscribed and sworn to before me on this. day of January 19.77 Steadald Motary Public, residing at lacatelles deal (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

	648-12-3-028 515	วรกังจัธ
25	United States (Be sure the information is as	of date of birth of THIS child) State File 330425
캶	Department of Commerce CERTIFICATI	E OF BIRTH Local Reg. No
envelope certified	Bureau of the Census 24 1942 STATE OF	F IDAHO Reg. Dist. No
certificate in filing. Each	1. PLACE OF BIRTH (All items at time of this birth)  (a) County Kootenai (b) City Cocolalla  (c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State Idaho (b) County Koo tanai  (c) City Cocolalla  (d) Street Address or R.F.D. No
MPLET charge	4 FILL MAME	
A PI	OF CHILD	5. Date of Birth of Child (Month, day, year) June 23, 1891
Mail COMPLETED 19. No charge for	7. Twin or If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy 9 9. Legitimate? Yes.
Xaii ing.	FATHER OF CHILD	MOTHER OF CHILD
.=	10. FULL Harry S. Fry	16. FULL MAIDEN NAME Corien Van Hess
certificate. aho, for fil	11. Color 12. Age at time	17. Color 18. Age at time
pleting this certifical s, Boise, Idaho, for r coin.	or Race of THIS birth yrs.  13. Birthplace New Bloomfield Pa.	or Race
등 년 1	(City or town) (State or foreign country)	(City or town) (State or foreign country)
: <u>2</u>	14. Exact Occupation Telegraph Operator	20. Exact Occupation Hou sewife
Ŧ	15. Industry or	21. Industry or
Boir Coin	Business	Business
, s	22. Name prophylactic used to prevent Ophthalmia Neonatorum	
e ti	23. Number of children of this mother: (a) At time of birth an	d including this child
ration of	ATTENDANT'S	=
ribbon Vital S noney	24. I HEREBY CERTIFY That I attended the birth of this ch	
5× 5	related to this child as	s were furnished by, who is  (First name) (Last name)
ats a	25. Attendant's M.D.	
\$ 5 0 0 2 0	OWN signature Midwife	Address Date
it by the Brita	State of Oregon County of Multinoman ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
Recol	I, the undersigned, being first duly sworn, say that I am the	mother of the person whose name appears
⊼ ≎ ē	in Item_4, above, that I am nowyears of age, the	(Mother, etc.) at I have known this person for $50\frac{1}{2}$ yrs vears and that
A B B	Dr. Wenz who attended this	s birth deceased I further state that
e of the	(First name) (Last name)	(Is now deceased) or (Cannot be leasted)
SPE	the facts on the certificate above are true to the best of my king Chapter 139, 1937 Session Laws.	
A A S		barren fing . Signature
3. E		E. 80th, Portlant, Oregon P.O. Address
	Subscribed and sworn to be ee me this 19th day of	January , 19.42
nly BLA( ig FIRST requires	(SEAL)	Notary Public Nresiding at Portland, Oregon
ng red	(Note: Perjury is punishable as a felony in Idaho; see Sec.	17-914, Idaho Code Annotated ) expires May 25 1045
Use only bearing copy req	Received for filing on JAN 24 1942	
> <b>₹</b> 8	Received for filing on Salar And Andrew	by Registrar.
4		į t

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census JAN 19 1942 CERTIFICA STATE	s of date of birth of THIS child)  TE OF BIRTH  OF IDAHO  State File No.330584  Local Reg. No
1. PLACE OF BETH (All items at time of this birth)  (a) County AN MOCK (b) City	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State RAHO (b) County BANNOCK  (c) City POCATELLO  (d) Street Address or R.F.D. Noto Nonth Harm  (e) How long has MOTHER lived in Idaho? 46 yrs  3. RESIDENCE OF FATHER (city, state) FOCATELLO DAM  (Month, day, year) APRIL 15, 189
6. Sex MALE 7. Twin or If so—born 1st, 2nd, 31	1 8. No. months
10. FULL NAME MARTIN DESCH  11. Color or Race LORNELGAN of THIS birth 31 yrs.  13. Birthplace OSLO TORNAY  (City or town) (State or foreign country)  14. Exact Occupation GEN, FOREMAN STOREHOUSE MERITALIST Business DPR. EMPLOYEE  22. Name prophylactic used to prevent Ophthalmia Neonatorus	21. Industry or Business
23. Number of children of this mother: (a) At time of birth a	nd including this child (b) Born alive and now living
24. I HEREBY CERTIFY That I attended the birth of this can and at the place stated above, and that personal particular	'S CERTIFICATE child, who was
related to this child as	<b>(</b> , , , , , , , , , , , ,
State of Idaho County of Bannock ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now	chat I have known this person for 50 years, and that is birth 0 ECFASED I further state that (Is now deceased) or (Cannot be located)  knowledge, and that I desire to have this birth recorded under the control of the
Received for filing on 191942	by

(1937 Session Laws, Chapter 139, Section 4)

-	States nent of Commerce of the Census	JAN 24 1942	CERTIFICATE STATE OF		1	State File No
(a) ( (c) S	County water	ems at time of this bi	islon	(a) State	ress or R.F.D.	No
(e) 1	Mother's stay <b>BEFOR</b> IN <b>THIS</b> county	E.delivery: 6 years month	s days	(e) How long 3. RESIDENCE OF	nas MOTHER li FATHER (city,	ived in Idaho?
4. FULL OF C	CHILD AMA		rught	5.	Date of Birth (Month, day,	
6. Sex ~	11_ // -	win or riplet	It/so—born 1st, 2nd, 3rd	8. No. 1 of P	nonths regnacy 9	9. Legitimate? 🚜
10. FULI NAA 11. Colo or F	ME Madin	R OF CHILD  12. Age at time  of THIS birth	aught 26 vrs.	16. FULL MAIDEN NAME  17. Color or Race	Maria	CHILD  A Age at time of /THIS pirth 20
13. Birt	ct (City or town	(State or fore	eby	19. Birthplace	(Of y or town)	(State or foreign count)
	upation Au ustry or	chev.		Occupation, 21. Industry or Business	Hause	wife
22. Nan	ne prophylactic used			ncluding this child		n alive and now living
22. Nan 23. Nun 24. I Hi and rela	ne prophylactic used nber of children of t EREBY CERTIFY at the place stated ted to this child as	his mother: (a) At t	ATTENDANT'S Courth of this child	ncluding this child ERTIFICATE , who was(Born aliv		
22. Nan 23. Nun 24. I Hi and rela: 25. Atte	ne prophylactic used nber of children of t EREBY CERTIFY at the place stated ted to this child as	his mother: (a) At t That I attended the l above, and that pers	ime of birth and i ATTENDANT'S Coirth of this child	ncluding this child ERTIFICATE , who was(Born aliv		Th alive and now living
22. Nan 23. Nun 24. I H and rela 25. Atte OWI State of County	ne prophylactic used nber of children of t EREBY CERTIFY at the place stated ted to this child as endant's N signature	That I attended the labove, and that pers  (Mother, etc.)	ATTENDANT'S Coirth of this child conal particulars to M.D. Midwife	encluding this child certificate  , who was	at at at a stillborn (First name)	
22. Nan 23. Nun 24. I Hi and rela: 25. Atte OWi State of County I, ti	ne prophylactic used nber of children of t  EREBY CERTIFY  at the place stated ted to this child as endant's N signature  f	That I attended the labove, and that pers  (Mother, etc.)  ss.  g first duly sworn, sa	ATTENDANT'S Coirth of this child conal particulars of M.D. Midwife	including this child ERTIFICATE I, who was(Born alive) Were furnished by.  Address FIDAVIT to be confident of the confi	at	
22. Nan 23. Nun 24. I Hi and rela: 25. Atte OWi State of County I, ti in Item	ne prophylactic used nber of children of t  EREBY CERTIFY  at the place stated ted to this child as endant's N signature  f	That I attended the labove, and that pers  (Mother, etc.)  ss.  g first duly sworn, sa	ATTENDANT'S Coirth of this child conal particulars with the midwife of the second particulars with the midwife of the second particulars with the midwife of the second particulars with the second particular wit	Address  (Mother, etc.)  I have known this child  (Born aliv  (Address)	at at at a stillborn (First name)  (First name)  npleted when in Item 2  person for	Date the attendant does not 25. person whose name appropriate and 1 further state
22. Nan 23. Nun 24. I H and rela 25. Atte OWI State of County I, tI in Item  (First	ne prophylactic used nber of children of t  EREBY CERTIFY  at the place stated ted to this child as endant's N signature  f	That I attended the labove, and that pers  (Mother, etc.)  ss.  g first duly sworn, sa now	ATTENDANT'S Courth of this child conal particulars with the conal particular with the conal	Address  FIDAVIT to be con  (Mother, etc.)  I have known this pirth (Is now decease wledge, and that	at at a stillborn at	Date the attendant does not 25. person whose name approperson whose
22. Nan 23. Nun 24. I Hi and rela 25. Atte OWi State of County I, ti in Item  (First the fact Chapter	ne prophylactic used nber of children of the children of the EREBY CERTIFY at the place stated ted to this child as endant's signature of the undersigned, being 4, above, that I am the certificate 139, 1937 Session I	That I attended the labove, and that pers  (Mother, etc.)  ss.  g first duly sworn, sa now	M.D. Midwife  Aftendant's Courth of this child conal particulars with the conal particular	Address  FIDAVIT to be con  (Mother, etc.)  I have known this  Oirth  (Is now decease wledge, and that	at at a stillborn at a stillborn (First name)  (First name)  (First name)  (First name)  (price of the person for a stillborn for the person for a stillbor	Date the attendant does not 25. person whose name appropriate and person whose name appropriate this birth recorded to this birth recorded to Signature.  P. O. Add
22. Nan 23. Nun 24. I Hi and rela 25. Atte OWi State of County I, ti in Item  (First the fact Chapter	at the place stated ted to this child as endant's N signature  f	That I attended the labove, and that pers  (Mother, etc.)  ss.  g first duly sworn, sa now	M.D. Midwife  Aftendant's Courth of this child conal particulars with the conal particular	Address  FIDAVIT to be con  (Mother, etc.)  I have known this  Oirth  (Is now decease wledge, and that	at at a stillborn at at a stillborn	Date  the attendant does not 25.  person whose name appropriate years, and life this birth recorded to this birth recorded to the state ocated)  P. O. Add, 19.

(1937 Session Laws, Chapter 139, Section 4)



United States Department of Commerce Bureau of the Census  (Be sure the information is as of the Census)  (Be sure the information is as of the Census)  (Be sure the information is as of the Census)	E OF BIRTH F IDAHO	Local Reg. NoReg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County. Wasnington(b) City.Salubria (c) Street Address or R.F.D. No	(a) State	E OF MOTHER (At time of this birt Q
(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county 9 years 9 months 18 days	(e) How long has 3. RESIDENCE OF FA	s MOTHER lived in Idaho?9 THER (city, state) Salubria
4. FULL NAME OF CHILD Martin Marquis Hannan 7. Twin or If so-born	5. Da (M 8. No. mor	ate of Birth of Child Month, day, year) Jan. 2, 189
6. Sex <b>Male</b> Triplet 1st, 2nd, 3rd	of Preg	gnacy 9 9. Legitimate? Yes
FATHER OF CHILD  10. FULL NAME Martin Vanouren Hannan  11. Color of Race White of THIS birth yrs.  13. Birthplace Stockton Californis  14. Exact (City or town) (State or foreign country)  15. Industry or Business	16. FULL MAIDEN NAME NAME NAME  17. Color or Race White  19. Birthplace Osa  (Cr. Cr. Cr. Cr. Cr. Cr. Cr. Cr. Cr. Cr.	MOTHER OF CHILD  cy Catherine Babb  18. Age at time of THIS birth  age County, Missouri ty or town) (State or foreign countr  Housewife  None
22. Name prophylactic used to prevent Ophthalmia Neonatorum.		
23. Number of children of this mother: (a) At time of birth and	d including this child	2 (b) Born alive and now living
ATTENDANT'S	CERTIFICATE	
ATTENDANT'S 24. I HEREBY CERTIFY That I attended the birth of this chi	CERTIFICATE ild, who was	at
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chi and at the place stated above, and that personal particulars related to this child as	CERTIFICATE ild, who was	at
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chi and at the place stated above, and that personal particulars	CERTIFICATE ild, who was(Born alive, s s were furnished by	at
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chi  and at the place stated above, and that personal particulars related to this child as  25. Attendant's (Mother, etc.)  OWN signature Midwife  State of OREGON (ss.)	CERTIFICATE  ild, who was(Born alive, s s were furnished by  Address  AFFIDAVIT to be comp	atM. on the tillborn), wi, wi
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chi and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  ild, who was(Born alive, s s were furnished by  Address  AFFIDAVIT to be comp	atM. on the tillborn), wi (First name), wi Date
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chi and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  ild, who was(Born alive, s s were furnished by  Address  AFFIDAVIT to be comp  Mother(Mother, etc.) at I have known this p	atM. on the tillborn), w
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chid and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  ild, who was (Born alive, s s were furnished by  Address  AFFIDAVIT to be comp  Mother (Mother, etc.) at I have known this p s birth	at
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chid and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  ild, who was	Date  Determine (Last name)  Date  Determine (Date name)  Date  Determine (Date name)  Date  Determine (Date name)  Determine (Date name)
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chi and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  ild, who was (Born alive, s s were furnished by  Address  AFFIDAVIT to be comp  Mother. (Mother, etc.) at I have known this p s birth	Date  Date  Date  Date  Deted when the attendant does not in Item 25.  of the person whose name appears and set or (Cannot be located)  Description of the person whose name appears and set or (Cannot be located)  Date  Dat
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chid and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  ild, who was (Born alive, s s were furnished by  Address  AFFIDAVIT to be comp  Mother (Mother, etc.) at I have known this p s birth	Date  Date  Dete  Dete Dete
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chid and at the place stated above, and that personal particulars related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  State of (Mother, etc.)  State of (Mother, etc.)  M.D. Midwife  State of (Mother, etc.)  State of (Mother, etc.)  State of (Mother, etc.)  M.D. Midwife  State of (Mother, etc.)  State of (Mother, etc.)  M.D. Midwife  State of (Mother, etc.)  M.D.	CERTIFICATE  ild, who was (Born alive, s s were furnished by  Address  AFFIDAVIT to be comp  Mother (Mother, etc.) at I have known this p s birth	Date  Date  Dete  Dete Dete

(1937 Session Laws, Chapter 139, Section 4)

755 110-037-445 State File N30758 (Be sure the information is as of date of birth of THIS child) United States JAN 19 1942 CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... STATE OF IDAHO Bureau of the Census Reg. Dist. No..... 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BIRTH (All items at time of this birth) (a) County OWYHES (b) City Three Crask (a) State I PANS (b) County ONY her (c) Street Address or R.F.D. No. (c) City Three-Creek (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho?.....yrs. IN THIS county 31 years 6 months 13 days 3. RESIDENCE OF FATHER (city, state) 5. Date of Birth of Child\_ 4. FULL NAME (Month, day, year) July 10 1891 OF CHILD..... If so-born 8. No. months 9. Legitimate? 6. Sex >14 ? Triplet 1st. 2nd. 3rd of Pregnacy 9 FATHER OF CHILD 10. FULL 16. FULL MAIDEN . NAME EMILY ATT DUTBAY 11. Color 12. Age at time 17. Color or Race White or Race White of THIS birth 3/ vrs. of THIS birth... 19. Birthplace Will County Till (State or foreign country) 13. Birthplace Jowa (State or foreign country) (City or town) 20. Exact 14. Exact HouseWite Occupation ..... Occupation ..... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as....(Mother, etc.) 25. Attendant's M.D. **OWN** signature Midwife Address Date FPANO Ss. State of FPAHO County of Elmore AFFIDAVIT to be completed when the attendant does not sign in Item 25. I, the undersigned, being first duly sworn, say that I am the metal am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that 7775 Coof , who attended this birth Can not be Lo go red . I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. mula ann Hence. Signature Michael Elman Ca Soloto P. O. Address 7th day of January , 19 42

Notary Public, residing at Mtn. Home, Idaho. Subscribed and sworn to before me this ... (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on......

(1937 Session Laws, Chapter 139, Section 4)

356-213-014-89	・フ		33096
United States	(Be sure the information is as	of date of birth of THIS cl	hild) State File No
Department of Commerce	AN 21 1942 CERTIFICATE	TE OF BIRTH	Local Reg. No
Bureau of the Census	STATE (	OF IDAHO	Reg. Dist. No
. PLACE OF BIRTH (All items a	t time of this birth)	2. USUAL RESIDENCE O	F MOTHER (At time of this birth)
(a) County an use			
(c) Street Address of R.F.D.			H. T.
(d) Name of Hospital or Mate			
At 1		(d) Street Address of	r R.F.D. No
(e) Mother's stay BEFORE deli	very:	(e) How long has M	OTHER lived in Idaho?yr
IN THIS county yes	ars months days	3. RESIDENCE OF FATH	ER (city, state) Emmett Tag
FULL NAME	\	5. Date	of Birth of Child —
OF CHILD			th, day, year)
7. Twin o			The Oranitimate 2 has
. Sex Jemqle Triplet	<del></del>	d of Pregnac	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
FATHER OF		40	THER OF CHILD
O. FULL JAMES H	. Lewis.	16. FULL MAIDEN	amantha Hixson.
		17. Color	' 18. Age at time
or Race W. M. C	of THIS birth	or Race	of THIS birthyr
3. Birthplace	Missouri	19. Birthplace	town) (State or foreign country)
4. Exact Formore	(State or foreign country)		
Occupation Farmer		Occupation 105	rse with
5. Industry or		21. Industry or	1
Business		Business	
22. Name prophylactic used to pr			
23. Number of children of this m	· · · · · · · · · · · · · · · · · · ·		. (b) Born alive and now living 5
		S CERTIFICATE	
24. I HEREBY CERTIFY That	I attended the birth of this c	hild, who was	at
			, who i
related to this child as		(Fi	rst name) (Last name)
DE Attendentie	(Mother, etc.) M.D.	•	
25. Attendant's OWN signature	M.D. Midwif	e Address	Date
WASHINGTON			
tate of WASHINGTON County of SNOHOMISH	··············}ss.		ed when the attendant does not sig
ounty of the way that the transfer	)		in Item 25.
I, the undersigned, being firs	t duly sworn, say that I am th	e sister	of the person whose name appear
n Item 4. above that I am now	65 years of age t	(Mother, etc.) hat I have known this perso	on for 51 years, and the
Manager A. T. W. a. M. M. Manager and T.		50	മെട്ടേറ്
Mrs: Aleeck humack	who attended th	ic hirth 15 now aed	CABCU I further state the
(First name)	years of age, the strength of the strengt	is birth 1S now deceased) or (	Cannot be located)
the facts on the certificate above	e are true to the best of my l	(La How decomped) of (	Jannot De locatea)
the facts on the certificate above	e are true to the best of my l	knowledge, and that I desir	re to have this birth recorded under
he facts on the certificate above	e are true to the best of my l	knowledge, and that I desir	re to have this birth recorded under
the facts on the certificate above Chapter 139, 1937 Session Laws.	e are true to the best of my l	knowledge, and that I desi	re to have this birth recorded under
the facts on the certificate above Chapter 139, 1937 Session Laws.	e are true to the best of my l	knowledge, and that I desi	re to have this birth recorded under
the facts on the certificate above Chapter 139, 1937 Session Laws.	e are true to the best of my l	knowledge, and that I desi	re to have this birth recorded under
the facts on the certificate above.  Chapter 139, 1937 Session Laws.  Subscribed and sworn to bef  (SEAL)	e are true to the best of my l	knowledge, and that I designed of the Code	re to have this birth recorded unde Signatur Rada P.O. Addres 19 42 Siding at Marystille
the facts on the certificate above Chapter 139, 1937 Session Laws.  Subscribed and sworn to bef (SEAL) (Note: Perjury is punishable	e are true to the best of my less	olqua, B. C. Car January Notary Public, res.	re to have this birth recorded unde Signatur Rada P.O. Addres 19 42 Siding at Marystille
the facts on the certificate above Chapter 139, 1937 Session Laws.  Subscribed and sworn to bef (SEAL) (Note: Perjury is punishable	e are true to the best of my less	olqua, B. C. Car January Notary Public, res.	siding at Marystille
chapter 139, 1937 Session Laws.  Subscribed and sworn to bef	e are true to the best of my less	knowledge, and that I designed of the Cooperation of January  Notary Public, res. 17-914, Idaho Code Annota	re to have this birth recorded unde Signatur P.O. Addres 19 42 Siding at Marysville

(1937 Session Laws, Chapter 139, Section 4)

993-111-022-575	331064		331064
United State EB 2 1942 (Be sure	the information is as of dat	e of birth of THIS child)	State File No.
Department of Commerce	CERTIFICATE OF	BIRTH	Local Reg. No
Bureau of the Census	STATE OF ID.	THO	Reg. Dist. No
1. PLACE OF BIRTH (All items/at time of (a) County 12.00 M.T. (b) City (c) Street Address or R.F.D. No		(a) State FX BUR (c) City FX BUR (d) Street Address or R.F.I	
(e) Mother's stay BEFORE delivery IN THIS county years	months days 3.		, state) KEX bulg / DA Ho
4. FULL NAME AMESH	······		n of Child , year) 0/1/189/
	VE・ If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy	9. Legitimate? 4e5
10. FULL A FATHER OF CHILD	1CKJ. 16.	FULL MATERY & CONTROL NAME MANE	VIELSON.
11. Color or Race 12. Age at of THI  13. Birthplace 2 0 GAN	birth J. yrs.	Color or Race / // / E. Birthplace / Oo / E	18. Age at time of THIS birth 30 yrs.
(City or town) (Sta	te or foreign country)	(City or town)	(State or foreign country)
4. Exact Occupation  5. Industry or	77	Occupation HOUJ (Industry or	- (V) J E.
Business FARMER Sto	ck TAISEr.	Business	•
22. Name prophylactic used to prevent O	ohthalmia Neonatorum	NONE	
23. Number of children of this mother: (			
	ATTENDANT'S CERT	<del></del>	
24. I HEREBY CERTIFY That I attended	ed the birth of this child, w	no wasatat	
and at the place stated above, and the related to this child as	at personal particulars wer	e furnished by(First name)	(Last name) who is
25. Attendant's OWN signature DECEASES	er, etc.) M.D.	dress	Date
State of DAHO			the attendant does not sign
County of MIN 19 1 CA	$\mathcal{Z}$	in Item	25.
I, the undersigned, being first duly sy			e person whose name appears
		ave known this person for	50 years, and that
(First name) (Last name	, who attended this birt	) // // // // // // // // // // // // //	
the facts on the certificate above are tru	e to the best of my knowle	ige, and that I desire to h	ave this birth recorded under
Chapter 139, 1937 Session Laws.	( )	S. O. Ohice	ת מ
1		is day	Signature P. O. Address
Subscribed and sworn to before me	day of	Lucian,	ا م ا
(SEAL)	XXXIII	Notary Public, residing a	Current Jalous
(Note: Perjury is punishable as a fel	ory in Idaho; see Sec. 17-914	, Idaho Code Annotated.)	
	10.10	I have to c	D
Received for filing on FCB 2	<b>1342</b> by	my when the same of the same o	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

United States (18) (Be sure the information is as of		22440
United States (Be sure the information is as of	f date of birth of THIS child)	State File N331164
Department of Commerce CERTIFICATE	OF BIRTH	Local Reg. No.
Bureau of the Census JAN 241942 STATE OF	T IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTH	IER (At time of this birth)
(a) County oclaho (b) City Danne		(b) County adaha
(c) Street Address or R.F.D. No.		
!		<b></b>
(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D	No. none
(e) Mother's stay <b>BEFORE</b> delivery:		lived in Idaho? 88 2 yrs.
IN THIS county Let years months days	3. RESIDENCE OF FATHER (city	, state) Deceased
	5. Date of Birth	of Child 9-21-189/
OF CHILD Seurs tull Bourna		year) 7-21-189/
7. Twin or If so—born	8. No. months	
Sex male Triplet no 1st, 2nd, 3rd	of Pregnacy	9. Legitimate? yes
FATHER OF CHILD	MOTHER O	of Child
NAME Grancis Marion Bouman	16. FULL MAIDEN	en Rice
~ 1	17 (1-1	8/Age at time
or Race	or Race Zulille	of THIS birth
. Birthplace West Uchan Ca	19. Birthplace	wille Idaho
(City or town) (State or foreign country)	(City of tower)	(State of foreign country)
Occupation of asser	Occupation Vusa	20 cle
. Industry or	21. Industry or	
Business	Business	
2. Name prophylactic used to prevent Ophthalmia Neonatorum.	no	
3. Number of children of this mother: (a) At time of birth and		
ATTENDANT'S		
		X M on the date
24. I HEREBY CERTIFY That I attended the birth of this chi		
and at the place stated above, and that personal particulars related to this child as	were furnished by	who is
	(First name)	(Last name)
25. Attendant's (Mother, etc.) M.D.		
OWN signature X Midwife	Address X	Date
T 1 . 1	FFIRANIT to be completed when	the ottendant days not size
unty of Idaho ss.	FFIDAVIT to be completed when in Item	
,		
I, the undersigned, being first duly sworn, say that I am the.		
Item 4, above, that I am now67years of age, that	t I have known this person for	50 years, and that
Or. S. E. Bibby , who attended this (First name)		
(First name) (Last name)	(Is now deceased) or (Cannot be	located)
he facts on the certificate above are true to the best of my kr	owledge, and that I desire to ha	we this birth recorded under
Chapter 139, 1937 Session Laws.	nancy Bowna	Atiline 10.
Z.V.V.	lancy jours	Georgia Signature
	Grangeville	• Ldaho P. O. Address
Subscribed and sworn to before me this $22$ day of	January	., 1942
(SEAL)	Notary Public, residing at	Grangeville.Ida.
(Note: Perjury is punishable as a feloxy in Idaho; see Sec. 1		
	MILIT	
Received for filing on AN 24 1942	y label 12	Registrar.
7U14 - 1 1 . 174	11 20 1 10	

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(1937 Session Laws, Chapter 139, Section 4)

United States Department of Com Bureau of the Censu	merce CFR 4	1942 CERTIFICAT	of date of birth of THIS c TE OF BIRTH DF IDAHO	Local Reg. No Reg. Dist. No
(a) County. S. 4. (c) Street Addres (d) Name of Hos  (e) Mother's stay IN THIS coun	(All items at time of the control of	Montpelier	(a) State	F MOTHER (At time of this became to the second of the seco
4. FULL NAME	rold Horne 7. Twin or	W. Hammon If so-born	(Mon	of Birth of Child th, day, year)
6. Sex Roy	Triplet	1st, 2nd, 3rd		
11. Color or Race	Clinton Sity or town) (St	t time IS birth J. 7yrs.  A clicana ate or foreign country)	20. Exact Occupation	18. Age at time of THIS birthtown) (State or foreign co
= = -	-	•		
23. Number of child	iren of this mother:	(a) At time of birth a	nd including this child	. (b) Born alive and now livin
24. I HEREBY CEF	RTIFY That I attended stated above, and the third as	ATTENDANT' led the birth of this cl hat personal particula	S CERTIFICATE hild, who was(Born alive, stillb rs were furnished by	at
24. I HEREBY CEF and at the place related to this ch 25. Attendant's	RTIFY That I attended stated above, and the third as	ATTENDANT' led the birth of this cl hat personal particula	S CERTIFICATE hild, who was(Born alive, still) rs were furnished by(Fi	at
24. I HEREBY CEF and at the place related to this ch 25. Attendant's OWN signature State of	e stated above, and thild as (Mot	hat personal particula	S CERTIFICATE hild, who was(Born alive, stillb rs were furnished by(Fi e Address  AFFIDAVIT to be complete (Mother, etc.)	mat
24. I HEREBY CEF  and at the place related to this ch  25. Attendant's  OWN signature  State of	e stated above, and thild as (Mot	ATTENDANT' led the birth of this cl hat personal particula her, etc.)  M.D. Midwif	s CERTIFICATE hild, who was	Date  In the day of the person whose name on foryears, a I further stands to proper to the policy of the person whose stands to be located)
and at the place related to this che 25. Attendant's OWN signature  State of County of I, the undersign in Item 4, above, the Internal of the facts on the cer Chapter 139, 1937 School II, 1937 School III, 1937 School IIII, 1937 School III, 1937 Sch	e stated above, and thild as	ATTENDANT' led the birth of this cl hat personal particula her, etc.)  M.D. Midwif  Ss.  worn, say that I am th years of age, ti years, who attended the lee ue to the best of my I	s CERTIFICATE hild, who was	Date  In the date of the person whose name on for the person whose name on for years, a control be located)  The date of the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name on for years, a control be located on the person whose name of the person whose name on the person whose name on the person whose name of the p
and at the place related to this character of the signature State of the signature State of the signature I, the undersign in Item 4, above, the (First name) the facts on the cer Chapter 139, 1937 Schapter 139, 1937 Schapter Subscribed and (SEAL)	e stated above, and thild as (Mot ed, being first duly stat I am now (Last name tificate above are tression Laws.	ATTENDANT'  led the birth of this cl  hat personal particula  her, etc.)  M.D.  Midwif	s CERTIFICATE hild, who was	Date  In the distribution of the person whose name on for years, a same to have this birth recorder to have this birth recorder years, a same to have the have this birth recorder years, a same to have the have this birth recorder years, a same to have the have this birth recorder years, a same this birth recorder years, and the same this birth recorder years, a same this birth recorder years, and the same this birth recorder years.

(1937 Session Laws, Chapter 139, Section 4)

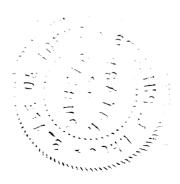
United States FEB (Be s Department of Commerce Bureau of the Census	CERTIFICATE OF		Local Reg. No
1. PLACE OF BIRTH (All items at tim (a) County Alturas (b) ( (c) Street Address or R.F.D. No (d) Name of Hospital or Maternity	Home:	2. USUAL RESIDENCE OF MOTH (a) StateIdaho	(b) CountyAlturas
(e) Mother's stay BEFORE delivery: IN THIS county 6 years		(e) How long has MOTHER 3. RESIDENCE OF FATHER (city	lived in Idaho? 6
4. FULL NAME Ethel Wester	holm	5. Date of Birth (Month, day	of Child , year)May,5th.18
6. Sex Female 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy	9. Legitimate? Ves
or RaceWILLE	e at time THIS birth 31 yrs.  n.land (State or foreign country)	or Race WILLE  19. Birthplace (City or town)  20. Exact	.8. Age at time of THIS birth.31 Finlend
Occupation	t Ophthalmia Neonatorum r: (a) At time of birth and i	21. Industry or Business ncluding this child3 (b) Bo	
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to preven</li> <li>23. Number of children of this mother</li> <li>24. I HEREBY CERTIFY That I att</li> </ul>	t Ophthalmia Neonatorum r: (a) At time of birth and in  ATTENDANT'S Countered the birth of this child,	21. Industry or Business  ncluding this child3 (b) Bosephilic Service (b) Bosephili	orn alive and now living
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to preven</li> <li>23. Number of children of this mother</li> <li>24. I HEREBY CERTIFY That I attained at the place stated above, an related to this child as</li></ul>	t Ophthalmia Neonatorum r: (a) At time of birth and in ATTENDANT'S Countries of this child, d that personal particulars very mother, etc.)	21. Industry or Business  ncluding this child3 (b) Bosephilic Service (b) Bosephili	orn alive and now living
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to preven</li> <li>23. Number of children of this mother</li> <li>24. I HEREBY CERTIFY That I attained at the place stated above, an related to this child as</li></ul>	t Ophthalmia Neonatorum r: (a) At time of birth and in ATTENDANT'S Cended the birth of this child, d that personal particulars v	21. Industry or Business  ncluding this child3 (b) Bosephilic Service (b) Bosephili	orn alive and now living
15. Industry or Business  22. Name prophylactic used to preven  23. Number of children of this mother  24. I HEREBY CERTIFY That I att  and at the place stated above, an related to this child as  25. Attendant's  OWN signature  State of	t Ophthalmia Neonatorum  r: (a) At time of birth and in  ATTENDANT'S Cended the birth of this child, d that personal particulars versions.  M.D.  Midwife  Ss.  AF	21. Industry or Business  Including this child3 (b) Bote ERTIFICATE  , who was	Date  to a now living
15. Industry or Business  22. Name prophylactic used to preven  23. Number of children of this mother  24. I HEREBY CERTIFY That I attended to this child as a related to this child as compared to the country of the c	t Ophthalmia Neonatorum  r: (a) At time of birth and in  ATTENDANT'S Commended the birth of this child, and that personal particulars was supported by the second sec	21. Industry or Business  ncluding this child	Date  the attendant does not 25. e person whose name app 50years, and I further state
15. Industry or Business  22. Name prophylactic used to preven  23. Number of children of this mother  24. I HEREBY CERTIFY That I attemed at the place stated above, an related to this child as	ATTENDANT'S Commonder.  (a) At time of birth and in ATTENDANT'S Commonder.  (b) At time of birth and in ATTENDANT'S Commonder.  (c) At time of birth and in ATTENDANT'S Commonder.  (c) M.D. Midwife  (c) M.D. Midwife  (c) M.D. Midwife  (c) AF  (c) Ss. AF  (c) Sworn, say that I am the same of age, that the same of age, that the same of true to the best of my known and the same of the same o	21. Industry or Business  ncluding this child	Date  Chast name)  Date  The attendant does not 25.  The person whose name app 50 years, and years, and located)  The attendant recorded upon this birth recorded upon years.  P. O. Add

(1937 Session Laws, Chapter 139, Section 4)

(1937 Session Laws, Chapter 139, Section 4)

envelope certified		ation is as of CERTIFICATE STATE OF		State File N.331324 Local Reg. No
D certificate in or filing. Each	1. PLACE OF BIRTH (All items at time of this birth)  (a) County (b) City (c)  (c) Street Address or R.F.D. No. Meaning (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery:	ne	(a) Statedaha (c) City Lewisler (d) Street Address or R (e) How long has MOTH	F.D. No. Main 81.
MPLETE charge f	4. FULL NAME Blanche Ellen Winena	days	3. RESIDENCE OF FATHER ( 5. Date of B	irth of Child
COMPLETED No charge for	7. Twin or	f so—born	8. No. months	lay, year) Jan 9-1891
ing this certificate. Mail Coise, Idaho, for filing. Nin.	FATHER OF CHILD  10. FULL NAME  11. Color or Race Or Race (City or town)  12. Age at time of THIS birth (State or foreign co		of Pregnacy  MOTHE  16. FULL MAIDEN NAME  17. Color or Race  19. Birthplace  City or town  Coccupation  20. Exact Occupation  21. Industry or Business	18. Age at time of THIS hirth2
s, B	22. Name prophylactic used to prevent Ophthalmia N			
der con	23. Number of children of this mother: (a) At time	of birth and		Born alive and now living
al Sta	24. I HEREBY CERTIFY That I attended the birth			tM. on the date
iter ribliof Viters of Viters and	and at the place stated above, and that personal related to this child as(Mother, etc.)		were furnished by(First na	me) (Last name) who is
pewri ireau ' cen	25. Attendant's OWN signature	M.D. Midwife	Address	Date
it at the state of	State of Adam Ss.	Al		hen the attendant does not sign em 25.
Reco o Sta	I, the undersigned, being first duly sworn, say the		(Mother etc.)	
Stage t	in Item 4, above, that I am now Years  (First name) (Last name), who a		I have known this person fo	I further state that
CK Ink or I F-CLASS po an advance	the facts on the certificate above are true to the being the Chapter 139, 1937 Session Laws.	st of my kno	Maryu G.	have this birth recorded under  Signature  P.O. Address
Use only BLACK bearing FIRST-Cl copy requires an	Subscribed and sworn to before mo this (SEAL) (Note: Perjury is punishable as a felony in Idaho	day of	DNotary Public, residing	
Use only bearing copy rec	Received for filing onJAN 26 1942.		104 4 44 /	Registre

(1937 Session Laws, Chapter 139, Section 4)



1. 00		799 128 045 - 716		331366
certifi- charge		Inited States (Be sure the information is as	of date of birth of THIS child)	State File No.
8.5 8.5		Department of Commerce JAN 26 1942 CERTIFICATE  Surreau of Census STATE O	F IDAHO	Local Reg. No.
Ęĸ		PLACE OF PIRTH		
E S	ı.	(a) County (b) Cit	2. USUAL RESIDENCE of M  (a) State	(b) County
		(c) Street Address or R.F.D.No. (d) Name of Hospital or Maternity Home:	(c) City Jeally	Muso
္ဌန္		at home	(d) Street Address of R.F. (e) How long has MOTHE	.D.No
별면		(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Homedays.	(f) Mother's mailing addre	Jailey dako
icate. Mail COMPLETED oise, Idaho, for filing. No ler or coin.		IN THIS county / 3 years month days	3. RESIDENCE of FATHER	
ise,	4.	OF CHILD Willis Steram As	5. Date of Bir (Month, da	y year) 6 - 28 - 91
ii w	-6.	Sex- Make 7. Twin or If so-born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? Zes
ics,	, ,	7 FATHER OF CHILD		OF CHILD
this atist		NAME Questin Malat Sriffith	16. FULL MAIDEN C	
ng 1 Se 1 Es. 1	. 1	1. Color or Race while 12. Age at time of THIS birth 3 4 yrs.	17. Color or Race White	18. Age at time of THIS birth 2/ yrs
Neti Vita cen	1.	3. Birthplace Xenia Illinois		(State or foreign country)
of of the	1	(City or town) (State or foreign country)	20. Exact	• 1
n a d	1.	Occupation Solvers Industry or	Occupation Store	surfe
Sure i		Business facly over y Sight W	Business	
typewriter ribbostage to State Is advance paymen	2.	2. Name prophylactic used to prevent Ophthalma Neonatorum. 3. Number of children of this mother: (a) At time of birth an (c) Born alive and now dead — (d) Stillborn —	d including this child # (b) B	orn alive and now living
: : : : : : : : : : : : : : : : : : :	2	A I HEREBY CERTIFY That I attended the birth of this c	hild, who wasat	M. on the date
typewrit stage to advance		and at the place stated above, and that personal particular	s were furnished by	who is
tyl ady		related to this child as (Motter, Act	·	ne) (Last name)
S prod		(Date received) (Registrar's signature)	25. Attendant's OWN signature	M.D.
Rec. AS: ires	2	7. Given name added onby(Registrar's signature)	and address	(D.O.,Midwife,etc.) Date
S CK	. – S	C , ,	AFFIDAVIT To be completed	when the attendant at hirth is
LA SST	, C	ounty of Santa Clara 35.	NOT LIVING or CANA	
<mark>~</mark> 문 5	<b>.</b>	I, Cora Etta January, being first d	uly sworn, say that I am	atid to
k ing ijed	-3	(Name of person on certificate above)	(Rela	ted to (or) acquainted with) , whose birth certificate
er ti	a	ppears above and that I desire to have the said birth recorde	(State relationship or acquaintance d under Chapter 139, 1937 Session	Laws: and that the facts con-
S S d	. Li	ained therein are true to the best of my knowledge. I furthe	(Name of attendant s birth has not been previously r	tat birth)
BLACK velope b Each ce	30	-(Is now deceased for) cannot be located)	A A	
× ig γ	ò	3862	Vachington St San	To Class, P. O. Address
e onl e in filin		Subscribed and sworn to before me on this 21 da	y of July	1941 Calif.
Use cate for		(SEAL)	Notary Fublic, Asiding	at you, Gality.

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(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or

prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

437/21/102/364 (Be sure the information is as of date of birth of THIS child) United States State File No..... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... JAN 29 1942 Bureau of Census STATE OF IDAHO Reg. Dist. No..... Mail COMPLETED Idaho, for filing. N 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (a) County Fremont (b) City Camas (a) State Idaho (b) County Fremont (c) City Camas (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... Born in family home (e) How long has MOTHER lived in Idaho? \_\_\_\_\_yrs. (e) Mother's stay BEFORE delivery: (f) Mother's mailing address Camas, Idaho In Hosp, or Mat. Home...no...days. 3. RESIDENCE of FATHER (city, state)Camas. Idaho IN **THIS** county vears month davs 4. FULL NAME 5. Date of Birth (Month. day year) Jan. 21, 1891. OF CHILD Lovinia McGarvey 7. Twin or If so—born 8. No. months of Pregnancy 9 9. Legitimate? Yes 6. Sex Female Triplet 1st. 2nd. 3rd FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Lena Ellen Cook NAME Edward Everett McGarvey 11. Color 12. Age at time 17. Color 18. Age at time White or Race White of THIS birth 35 yrs. of THIS birth 24 vrs. or Race..... 19. Birthplace Hartland, New York 13. Birthplace \_\_\_\_\_Ireland (State or foreign country) (State or foreign country) (City or town) (City or town) 20. Exact 14. Exact Occupation Rancher Occupation Housewife 21. Industry or 15. Industry or Business **Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. 4... (c) Born alive and now dead noned Stillborn none (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by......, who is (First name) (Last name) related to this child as Mother, a 25. Attendant's 26. (a) (Date received) (Registrar's signature) 27. Given name added on by and address Date State of California } ss. AFFIDAVIT To be completed when the attendant at birth is County of Stanislaus NOT LIVING or CANNOT BE LOCATED I, Charles Truman M. Garvey, being first duly sworn, say that I am Brother of (Related to (or) acquainted with)

Lovinia McGarvey as whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter, 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the head (Name of attendant at birth) Charles Truman me Garrey Signature (Is now deceased (or) cannot be located) Subscribed and sworn to before me on this / 7 day of 155 H ugheon, Calif. P. O. Address

Subscribed and sworn to before me on this / 7 day of 194,2 Molt Notary Public, residing at Acceptant (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

	d States		TIFICATE ATE OF	OF BIRTH IDAHO	Local Reg. NoReg. Dist. No
(a) (c) (d)	CountyLatah	(b) City Genesee No ernity Home: very: rs - months -	days	(a) State Idaho (c) City Genesee (d) Street Address or R.F (e) How long has MOTHE 3. RESIDENCE OF FATHER (ci	THER (At time of this birth)  (b) County Latah  D. No
OF	CHILD Leon Ladd 1	Larrabee	•••••	(Month, da	ay, year) Nov.10,1891
6. Sez	7. Twin or K Nale Triplet	r If so no 1st, 2	born 2nd, 3rd	8. No. months of Pregnacy O	9. Legitimate? Ves
11. Co or 13. B: 14. E: O: 15. In	Race (City or town)  xact ccupation Herchant (dustry or	of THIS birthVermont(State or foreign countr	yrs.	20. Exact Occupation HOUSE  21. Industry or	18. Age at time 29  of THIS birth yr VISCOUSIN  (State or foreign country)
	O WITCI	eneral Mdse.		Business	
22. N	ame prophylactic used to pr	event Ophthalmia Neon other: (a) At time of t	oirth and i	none the mind this child the (b)	
22. N 23. N 24. I ar	fame prophylactic used to proumber of children of this multiple the thing the control of the multiple that it is the control of the control o	event Ophthalmia Neonother: (a) At time of the ATTEN I attended the birth of e, and that personal pa	DIANT'S C this child rticulars	none knom	Born alive and now living two
22. N 23. N 24. I ar re 25. A	ame prophylactic used to prounder of children of this must have a stated above the control of this child as the place stated above the control of this child as the control of the control	event Ophthalmia Neonother: (a) At time of the ATTEN I attended the birth of e, and that personal pa  (Mother, etc.)	pointh and in this child articulars which in the manner of	including this child	
22. N 23. N 24. I ar re 25. A O' State Count I, in Iter Chapt	ame prophylactic used to proumber of children of this must be the place stated above the control of this child as the place stated above the control of the child as the place stated above the control of the child as the place stated above the undersigned, being first must be the control of	event Ophthalmia Neonother: (a) At time of the ATTEN  I attended the birth of the and that personal pa  (Mother, etc.)  ss.  duly sworn, say that I 53 years of the this are true to the best of the best of the same that the same true to the best of the same true to the same true true to the same true true true true true true true tru	in the and in the child reticulars where the child reticular is and the child reticular the child return the child	including this childtigo(b)	Date en the attendant does not some 25. the person whose name appears, and the located have this birth recorded uncompared to the person whose name appears, and the located have the located have the birth recorded uncompared to the located have have the located have the located have the located have have have the located have have have have have have have have

(1937 Session Laws, Chapter 139, Section 4)



United States (Be sure the inf Department of Commerce Bureau of the Census) ne 14AN 29 1947	formation is as of date of birth of THIS CERTIFICATE OF BIRTH STATE OF IDAHO	Local Reg. No
1. PLACE OF BIRTH (All items at time of this bit  (a) County	ston, Idaho (a) State Idah (c) City Pres (d) Street Address (e) How long has 3. RESIDENCE OF FAT	
OF CHILD. Eva nucceballe		te of Birth of Child onth, day, year) Jan. 14, 1906 ths nacy 9 9. Legitimate? Yes
10. FULL Christian Hutteballe 11. Color White 12. Age at time or Race White of THIS birth. 13. Birthplace Vesterskjerninge Dens 14. Exact (City or town) (State or forel Occupation Shoemaker 15. Industry or	17. Color or Race Whit 19. Birthplace Bro (City Cocupation 21. Industry or	nna Eleanor Dennison  18. Age at time e of THIS birth 28 yr Norway vortown) (State or foreign country) Housewife
Business Shoes & Shoe Repairing		
Business Shoes & Shoe Repairing 22. Name prophylactic used to prevent Ophthalm 23. Number of children of this mother: (a) At the	nia Neonatorum ime of birth and including this child2	
Business Shoes & Shoe Repairing 22. Name prophylactic used to prevent Ophthalm 23. Number of children of this mother: (a) At the 24. I HEREBY CERTIFY That I attended the the and at the place stated above, and that pers	nia Neonatorum	(b) Born alive and now livingY.9
Business Shoes & Shoe Repairing 22. Name prophylactic used to prevent Ophthalm 23. Number of children of this mother: (a) At the 24. I HEREBY CERTIFY That I attended the be	nia Neonatorum	(b) Born alive and now livingY.G
Business Shoes & Shoe Repairing  22. Name prophylactic used to prevent Ophthalm  23. Number of children of this mother: (a) At the control of this mother in the control of this mother in the control of this mother. (a) At the control of this child as and at the place stated above, and that persure it is control of this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Own signature  State of Idaho.	mia Neonatorum	(b) Born alive and now living Yes.
Business Shoes & Shoe Repairing  22. Name prophylactic used to prevent Ophthalm  23. Number of children of this mother: (a) At ti  24. I HEREBY CERTIFY That I attended the tand at the place stated above, and that pers related to this child as.  (Mother, etc.)  25. Attendant's  OWN signature	mia Neonatorum	mat
Business Shoes & Shoe Repairing  22. Name prophylactic used to prevent Ophthalm  23. Number of children of this mother: (a) At the control of this mother: (a) At the control of this mother: (b) At the control of this child as and at the place stated above, and that persure at the child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. I, the undersigned, being first duly sworn, and in Item 4, above, that I am now (I at the control of the control of the certificate above are true to the Chapter 139, 1937 Session Laws.	mia Neonatorum	atM. on the daM. on the da
Business Shoes & Shoe Repairing  22. Name prophylactic used to prevent Ophthalm  23. Number of children of this mother: (a) At ti  24. I HEREBY CERTIFY That I attended the k  and at the place stated above, and that pers related to this child as  (Mother, etc.)  25. Attendant's  OWN signature  State of Idaho  County of One Ida  I, the undersigned, being first duly sworn, as in Item 4, above, that I am now (I a	mia Neonatorum	atM. on the da liborn  atM. on the da liborn

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	STATE OF IDAHO	Schild) State File NJ 31691 Local Reg. No
1. PLACE OF BIRTH (All items at time of this to (a) County (b) City (c) Street Address or R.F.D. No	(a) State + 4A.  (b) City WALL  (c) City WALL  (d) Street Addres  (e) How long has  3. RESIDENCE OF FA	OF MOTHER (At time of this birth)  (b) County WALLACE  ACE  s or R.F.D. No  MOTHER lived in Idaho? P.M.E
6. Sex MAL 5 7. Twin or Triplet	If so-born 8. No. mor	
13. Birthplace. Office	16. FULL MAIDEN NAME 17. Color or Race W # / T.  19. Birthplace // (Cit	MOTHER OF CHILD  A Woke R to N  18. Age at time 30 yr  Of THIS birth. 30 yr  Of State or foreign country)  OUSE WHE
22. Name prophylactic used to prevent Ophthali 23. Number of children of this mother: (a) At		
25. Number of children of this mother: (a) At	ATTENDANT'S CERTIFICATE	(b) Born alive and now living.
	ALIENDANI 3 CERTIFICATE	
24. I HEREBY CERTIFY That I attended the	birth of this child, who was	at
and at the place stated above, and that per related to this child as(Mother, etc.)	birth of this child, who was(Born alive, st rsonal particulars were furnished by	illborn)
and at the place stated above, and that per related to this child as	birth of this child, who was(Born alive, st rsonal particulars were furnished by	iliborn) who
and at the place stated above, and that per related to this child as	birth of this child, who was(Born alive, st rsonal particulars were furnished by M.D. Midwife Address	illborn), Who (First name) (Last name)
and at the place stated above, and that per related to this child as.  25. Attendant's  OWN signature  State of	birth of this child, who was(Born alive, stresonal particulars were furnished by  M.D. Midwife Address  AFFIDAVIT to be completed by that I am the August 1 and 1 an	Date  eted when the attendant does not sign in Item 25.
and at the place stated above, and that per related to this child as.  25. Attendant's  OWN signature  State of	M.D. Midwife Address  AFFIDAVIT to be completely that I am the August (Mother, etc.)  years of age, that I have known this per who attended this birth.	Date  eted when the attendant does not sign in Item 25.  of the person whose name appearson for 14,44 years, and the Landau state the control of the person of the person whose name appears or so for 14,44 years, and the Landau state the control of the person whose name appears for 15,44 years, and the Landau state the control of the person whose name appears for 15,44 years, and the Landau state the control of the person whose name appears for 15,44 years, and the Landau state the control of the person whose name appears for 15,44 years, and the Landau state of the person whose name appears for 15,44 years, and the Landau state of the person whose name appears for 15,44 years, and the Landau state of the person whose name appears for 15,44 years, and the Landau state of the person whose name appears for 15,44 years, and the Landau state of the person whose name appears for 15,44 years, and the Landau state of the person whose name appears for 15,44 years, and the Landau state of the person whose name appears for 15,44 years, and the Landau state of 15,44 years, and th
and at the place stated above, and that per related to this child as  25. Attendant's  OWN signature  State of	M.D. Midwife Address  AFFIDAVIT to be completely at that I am the Author (Mother, etc.)  years of age, that I have the Mother of this per the Mother of the	Date  eted when the attendant does not si in Item 25.  of the person whose name appears for J.J.J. years, and the Cannot be located) esire to have this birth recorded und

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sure the information is as of Department of Commerce CERTIFICATE Bureau of the Census STATE OF	
1. PLACE OF BIRTH (All items at time of this birth) (a) County Cardia (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: born on Tarm  (e) Mother's stay BEFORE delivery: IN THIS county 5 years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State
4. FULL NAME Jesse Kenssley OF CHILD. 7. Their or If so home	5. Date of Birth of Child (Month, day, year)
6. Sex Male Triplet no 1st, 2nd, 3rd	
FATHER OF CHILD  10. FULL NAME  11. Color or Race White  12. Age at time or Race of THIS birth yrs.  13. Birthplace (City or town)  (State of foreign country)	16. FULL MAIDEN BLIZA KING NAME 17. Color 18. Age at time or Race White of THIS birth 19. Birthplace (City or town) (State or foreign country) 20. Exact
Occupation farming 15. Industry or Business	Occupation
22. Name prophylactic used to prevent Ophthalmia Neonatorum.	and the second s
23. Number of children of this mother: (a) At time of birth and	
Canada of	including this child (b) Born alive and now living
ATTENDANT'S	CERTIFICATE
	CERTIFICATE
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chil  and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  Ild, who was
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chil  and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  Ild, who was
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  Ild, who was
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  Ild, who wasatM. on the decomposition of the decomposition of the person whose name appear at I have known this person forst
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  Ild, who wasatM. on the decorated in the person whose name appearance in th
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  Ild, who was
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  Ild, who wasat
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as	CERTIFICATE  Ild, who wasat

(1937 Session Laws, Chapter 139, Section 4)

		331920
997/28025 393 United States (Be sure the inform	ation is as of date of birth of THI	•
Department of Commerce FR 2 1947.	CERTIFICATE OF BIRTH	Local Reg. No
Bureau of the Census FEB 2 1992	STATE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth)  (a) County (b) City (c) Street Address or R.F.D. No.  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery:  IN THIS county 23 years months	(a) State	E OF MOTHER (At time of this birth)  (b) County
2 4. FULL NAME Cash Wilmot 19	eggues (1	ate of Birth of Child Jel. 28,189
	f so_born 8. No. mos st, 2nd, 3rd of Preg	
10. FULL NAME 11. Color or Race 13. Birthplace 14. FATHER OF CHILD 15. Age at time of THIS birth 16. Age at time of THIS birth 17. Age at time of THIS birth 18. Birthplace	6yrs. or Race	MOTHER OF CHILD  Asquath Welsolt  18. Age at time of THIS birth #3 yrs.
13. Birthplace	ountry) 20. Exact	ty or town) (State or foreign country)
Occupation Farmer	Occupation	Durise wift
15. Industry or Business Black Smith	21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia N	Veonatorum	
23. Number of children of this mother: (a) At time	of birth and including this child.	(b) Born alive and now living
24. I HEREBY CERTIFY That I attended the birth	(Born alive, s	
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as	of this child, who was(Born alive, s	tillborn)
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as	of this child, who was(Born alive, s	tillborn) , who is
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as	n of this child, who was(Born alive, so a particulars were furnished by  M.D.  Midwife Address	Date  Date  Date  Date
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as	n of this child, who was(Born alive, so the particulars were furnished by  M.D. Midwife Address  AFFIDAVIT to be comp	Date
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that persona related to this child as.  25. Attendant's  OWN signature  State of.  County of.  I, the undersigned, being first duly sworn, say the	of this child, who was(Born alive, so I particulars were furnished by  M.D. Midwife Address  AFFIDAVIT to be computed in the computation of this child.	Date  Date  Date  leted when the attendant does not sign in Item 25.  Date  Da
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as	M.D. Midwife Address  AFFIDAVIT to be computed in a factor of this child, who was  M.D. Midwife Address  AFFIDAVIT to be computed in a factor of the computed in a fa	Date  Date  Date  Date  Date  Date  Date  Date  Item 25.  If the person whose name appears erson for years, and that
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that persona related to this child as	M.D. Midwife Address  AFFIDAVIT to be compated in a factor of this child, who was(Born alive, s of age, that I have known this pattended this birth	Date  Date  Date  Date  Date  Date  Date  Cast name)  Date
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as	M.D. Midwife Address  AFFIDAVIT to be compated in a factor of age, that I have known this pattended this birth.  (Is now deceased) ast of my knowledge, and that I deceased the second of the second o	Date  Date  Date  Date  Cast name)  Date  Date  Cast name  Date  Date  Cast name  Date  Da
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that persona related to this child as	M.D. Midwife Address  AFFIDAVIT to be compated in a compatent of a compatent in a	Date  Date  Date  leted when the attendant does not sign in Item 25.  Composition of the person whose name appears erson for the person whose name appears and that the composition of the person whose name appears erson for the person whose name appears erson erson erson erson erson ers
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that persona related to this child as	M.D. Midwife Address  AFFIDAVIT to be compated in a compatent of a compatent in a	Date  Date  Date  Date  Certain name  Date  Date  Composition of the person whose name appears person for the person whose name appears person whose name appears person whose name appears person for the person whose name appears person whose name appears person whose name appears person for the person whose name appears person whose name appears person for the person whose name appears person for the person whose name appears person whose name appears person whose name appears person for the person whose name appears person for the person whose name appears person whose name appears person for the person whose name appears person whose name appears person whose name appears person for the person whose name appears person
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that persona related to this child as	M.D. Midwife Address  AFFIDAVIT to be compated in a compatent of a compatent in a	Date
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that persona related to this child as	M.D. Midwife Address  AFFIDAVIT to be compated in the many strength of the compatence of the compatenc	Date  Date  Date  Date  Date  Date  Date  Date  Cast name  Date  D
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that persona related to this child as	M.D. Midwife Address  AFFIDAVIT to be compated in the many strength of the compatence of the compatenc	Date  Date  Date  Date  Date  Date  Date  Date  Cast name  Date  D

(1937 Session Laws, Chapter 139, Section 4)

	268-223-020-239	320110
envelope certified	Department of Commerce CER 4 1947 CERTIFICAT	re of date of birth of THIS child) State File N332119 Local Reg. No
certificate in filing. Each	1. PLACE OF BIRTH (All items at time of this birth)  (a) County (b) City (c) Street Address or R.F.D. No.  (d) Name of Hospital or Maternity Home:	(c) City I lemma flarry (d) Street Address or R.F.D. No.
e for	(e) Mother's stay BEFORE delivery: IN THIS county years / O months days	(e) How long has MOTHER lived in Idaho?yrs.  3. RESIDENCE OF FATHER (city, state) Home Form
COMPLETED to charge for	4. FULL NAME OF CHILD  7. Twin or Triplet  1st. 2nd. 3rd	8. No. months
= _	6. Sex +9 Triplet 1st, 2nd, 3rd	d of Pregnacy 9. Legitimate? 4.4  MOTHER OF CHILD
certificate. Make, for filing.	10. FULL NAME Jeonge Pomeroy Stiles  11. Color 12. Age at time of Race of THIS birth 43 yrs.  13. Birthplace Somewhere on V. 2 man 4 m.	16. FULL MAIDEN Bertha Young Stiles  17. Color 18. Age at time or Race of THIS birth 20 yrs.  19. Birthplace Wissouri
ting this certifical Boise, Idaho, for oin.	14. Exact (City or town) (State or foreign country)  15. Industry or Business	20. Exact Occupation 21. Industry or Business  (City or town) (State or foreign country) (State or foreign country)
r, B	22. Name prophylactic used to prevent Ophthalmia Neonatorum	a dont know
istic	23. Number of children of this mother: (a) At time of birth ar	nd including this child (b) Born alive and now living
bon in tal Stati		S CERTIFICATE nild, who was
iter rib of Vic	related to this child as(Mother, etc.)	rs were furnished by, who is  (First name) (Last name)
T G B L	25. Attendant's M.D. OWN signature Midwife	e Address Date
it at it it is a second of the	State of Walley Ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
Reco	I, the indersigned, being first duly sworn, say that I am the	e molla of the person whose name appears
BLACK ostage to paymer	in Item 4, above, that I am now	nat I have known this person for years, and that is birth le now deceased) or (Cannot be located)
SS P	chapter 139, 1937 Session Laws.	thowledge, and that I desire to have this birth recorded under
Use only BLACK Inl bearing FIRST-CLAS copy requires an adv	Subscribed and sworn to before me this day of	Garina Gering & 7:124 Signature Garina / S. A. A. Yak. P.O. Address
FIRE	(SEAL)	Notary Public, residing at Jakkers
only red	(Note: Perjury is punishable as a felony in Idaho; see Sec.	
Use copy	Received for filing on REB 4 1942	by Registrar.

(1937 Session Laws, Chapter 139, Section 4)

693-112-007389	332407
United States (Be sure the information is as Department of Commerce CERTIFICAT Bureau of the Census STATE O	E OF BIRTH FEB 1 3 1942 Local Reg. No
1. PLACE OF BIRTH (All items at time of this birth)  (a) County.Blaine	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) StateIdaho
IN THIS county years months days	3. RESIDENCE OF FATHER (city, state)
of CHILD James M. Wilson 7. Twin or If so—born	8. No. months
6. Sex Male Triplet 1st, 2nd, 3rd	of Pregnacy 9 9. Legitimate? 9
FATHER OF CHILD  10. FULL NAME JAMES MONTOS WILSON  11. Color OR Race White of THIS birth 30 yrs.  13. Birthplace Not known  (City or town)  14. Exact Occupation Miner  15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.	MOTHER OF CHILD  16. FULL MAIDEN NAME SUSAN Chrisell  17. Color 18. Age at time of THIS birth 18 yrs.  19. Birthplace Not known  20. Exact (City or town) (State or foreign country) Occupation Housewife  21. Industry or Business
23. Number of children of this mother: (a) At time of birth and ATTENDANT'S	d including this child
24. I HEREBY CERTIFY That I attended the birth of this chief and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's M.D. Midwife  State of PERON Wind 1	(Born alive, stillborn)  s were furnished by, who is  (First name) (Last name)
25. Attendant's M.D.  OWN signature Midwife	Address Date
State of Sta	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now	s birth
sand we played together for yrs. Rt. #	1, Baker, Oregon P.O. Address
Subscribed and sworn to before me this day of (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec.	Notary Public, residing at And Charles I Warner
Subscribed and sworn to before me this day of (SEAL)  (Note: Perjury is punishable as a felony in Idano; see Sec.	Va A H A A A A A A A A A A A A A A A A A

(1937 Session Laws, Chapter 139, Section 4)

(c) Street Address or R.F.D. No	(c) City Rigby funorit (d) Street Address or R.F.D. No. R. #2
(e) Mother's stay BEFORE delivery: IN THIS county 4 years months days	(e) How long has MOTHER lived in Idaho?yrs  3. RESIDENCE OF FATHER (city, state) Same
4. FULL NAME ALONZO EARL PERRY	5. Date of Birth of Childreb. 3, 1891 (Month, day, year)
6. Sex Male  7. Twin or Triplet  1st, 2nd, 3rd	8. No. months
FATHER OF CHILD  10. FULL NAME Joseph Francis Perry	MOTHER OF CHILD  16. FULL MAIDENMARTHA AND HOVEY NAME
11. Color white 12. Age at time of THIS birth 29 yrs.  13. Birthplace Ogden, Utah.	17. Color white 18. Age at time 24 of THIS birth 24  19. Birthplace Millville, (State or foreign country)
(City or town) (State or foreign country)  14. Exact Farming	20. Exact Housewife
15. Industry or Farm Business Farm	21. Industry or Home Business Home
99 Name prophylactic used to prevent Onbthalmic Negretorum	

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by I at IICI related to this child as..... (First name) (Last name) 25. Attendant's M.D. Midwife Address **OWN** signature Date

ATTENDANT'S CERTIFICATE

Idaho AFFIDAVIT to be completed when the attendant does not sign State of Jefferson in Item 25. Father I, the undersigned, being first duly sworn, say that I am the...... (Mother, etc.)

.....of the person whose name appears Mrs. Harrit Babell is now deceased ....., who attended this birth ...... I further state that (Is now deceased) or (Cannot be located)

Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under

Notary Public, residing at Right - Dolaho Sec. 17-914, Idaho Code Annotated.) (Note: Perpury is punishable as a relony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge

in the premises.

Department of Commerce Bureau of the Census	nation is as of date of birth CERTIFICATE OF BIRTH STATE OF IDAHO	FEB 13 1942 ocal Reg. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County Managem (b) City Salada (c) Street Address or R.F.D. No	(a) State. (c) City (d) Street (e) How 3. RESIDENC	No. months of Pregnacy 9. Legitimate? Yes
FATHER OF CHILD  10. FULL Charles Lenord ackerm  11. Color 12. Age at time of THIS birth  13. Birthplace Magnetic Lena. U.S. A.  (City or town) (State of foreign of Carpetter L. Farm)  15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia	17. Color or Race 19. Birthplace 20. Exact Occupating 21. Industry Business  Neonatorum	18. Age at time of THIS birth yrs. e. (City or town) (State or foreign country) on or
23. Number of children of this mother: (a) At time	<del></del>	child (b) Born alive and now living
AT 24. I HEREBY CERTIFY That I attended the birth	rtendant's Certificate h of this child, who was	
and at the place stated above, and that persons related to this child as	al particulars were furnishe	i by, who is  (First name) (Last name)
A =	Midwife Address	Date
State of Idaho County of Elmore ss.	AFFIDAVIT to b	e completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say the second state of the facts on the certificate above are true to the because of the facts on the certificate above are true to the because of the facts on the second state of the facts on the second state of the facts on the certificate above are true to the because of the facts on the second state of the facts of the facts on the second state of the facts of the facts of the second state of the facts of th	s of age, that I have known attended this birth	a this person for 50 years, and that DW deceased I further state that eceased) or (Cannot be located)
Subscribed and sworn to before me this 10th (SEAL) (Note: Perjury is punishable as a felony in Idah	day of Februs	Public, residing at Mtn. Home, Idaho.
	by	7 1 7 1

(1937 Session Laws, Chapter 139, Section 4)

Unite	ed States	,	(Be	sure the in	formation is a			th of T				e 140	
Depa Bure	artment of eau of the (	Commerc	enghan		CERTIFICA STATE			FEB	1319	44 /	_	g. No No	
1. PL (a (c	LACE OF B  a) County c) Street A  d) Name_o	IRTH (All Roman Address or	items at tine (b) R.F.D. No., or Materni	me of this bi CITITI ty Home:	rth) ho Falls Street	2.	(a) Sta (c) City (d) Str	te Id y Id eet Add	aho aho ress or	(1 <b>Fall</b> R.F.D.	o) Count B NoCl;	me of this Donn  Iff St	evil 64. reet
(е			ORE deliver 2 years			3.	(e) How	w long l	nas MO FATHER	THER li (city,	ved in Id state) <b>T</b>	aho?57	2y alls
4. FU	ULL NAME F CHILD	F	uth By	bee				5.	Date of (Month	Birth day,	of Child year)	)ct. 13	3, 18
6. Se	ex Fema.		Twin or Triplet		If so—bor 1st, 2nd, 3			8. No. n	nonths regnacy	_		ritimate?	
10 =		FAT	HER OF CH	ILD		16				HER OF	CHILD	•	
	FULL F	rancis		ı Bybee		16	FULL /	MAIDEN		nna h	Ritcl	hie	
11. C	r Race	White	of	re at time THIS birth	29 <sub>yrs.</sub>	j.	Color or Rac	e Wh	ite Merri		Age at of THI	time s birth 2 <b>tah</b>	.5 y
14. E	Birthplace Exact Occupation	(City or t	own)	(State or fore	ign country)		). Exact	ation	City or to	wn)	(Sta	te or foreign o	country)
15. I	Industry or Business	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•••••••••••	••••••••••	21	l. Indust Busine	ry or	***************************************	••••••	**************	*******************	•••••
22. N	Name prop	hylactic u	sed to preve	nt Ophthaln	nia Neonatoru	m		•••••					
23. N	Number of	children c	f this moth	er: (a) At t	ime of birth	and inc	luding th	is child.	3 (	b) Bor	n alive ar	nd now livi	ng4
					ATTENDANT birth of this	<b>ch</b> ild, v	vho was	(Born alive	e, stillborn	.)			
r	related to t	his child a	s	nd that pers	onal particul	<b>ar</b> s we	re furnis	hed by	(First	name)	(La	st name)	, who
	Attendant's <b>OWN</b> signa				M.D. Midwi	fe A	.ddress				Da	ite	
State	e of ity of	Idaho Bonney	ille	}ss.		AFFI	DAVIT to	be cor		when Item 2		dant does	not si
in Ite	I, the unde em 4, abov homa 8 First name)	rsigned, bee, that I a	m now	79 Da., w	y that I am t years of age, ho attended t	that I his bir	(Moting	ner, etc.) own this now	person dece	for RSed	50	years, I further s	and th
Chap	oter 139, 19	)37 Session	n Laws.	e true to th	e best of my		euge, an	-		to nav	10	rth record	
			June 2	óth, 1943.	5 LE						······································	P. O	
		and amore	n to hefore	me this		of	-	na	بريم	,	19/	<b>-</b>	
	Subscribed (SEAI	ပ်) ်	Buft	69/9F	Idaho; see Se						Idah	Fall	s.,I

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sur Department of Commerce Bureau of the Census	ce the information is as of date of birth of CERTIFICATE OF BIRTH FEE STATE OF IDAHO	
1. PLACE OF BIRTH (All items at time of (a) County Landing and (b) Cit. (c) Street Address of R.F.D. No	y Middle (a) State	DENCE OF MOTHER (At time of this birth)  (b) County Washington  Address or R.F.D. No.  Ing has MOTHER lived in Idaho? // 3 yrs.  OF FATHER (city, state) Mineral City  (Month, day, year) 7-23-189/
6. Sex Hall Triplet X	If so torn 8. No 1st, 2nd, 3rd of	o. months Pregnacy 9 Mo 9. Legitimate? Les
13. Birthplace Coal Mune M	is birth 3.//yrs. or Race/ ate or foreign country)  20. Exact	18. Age at time of THIS birth 26 yrs.  (City or town) (State or foreign country)
i A	phthalmia Neonatorum. The state	,
23. Number of children of this mother:	ATTENDANT'S CERTIFICATE	ild/ (b) Born alive and now living./
24. I HEREBY CERTIFY That I attend	led the birth of this child, who was	M. on the date
related to this child as	hat personal particulars were furnished her, etc.)	(First name) (Last name)
	M.D.	
25. Attendant's OWN signature	Midwife Address	Date
25. Attendant's	AFFIDAVIT to be	
25. Attendant's  OWN signature  State of County of June 1  I, the undersigned, being first duly s	worn, say that I am the Mather et	completed when the attendant does not sign in Item 25.
25. Attendant's  OWN signature  State of	worn, say that I am the Mother, et (Mother, et )	completed when the attendant does not sign in Item 25.
25. Attendant's  OWN signature  State of	worn, say that I am the	completed when the attendant does not sign in Item 25.  of the person whose name appears this person for years, and that yeased) or (Cannot be located)  at I desire to have this birth recorded under
25. Attendant's  OWN signature  State of County of County of I, the undersigned, being first duly sin Item 1, above, that I am now (First name)  the facts on the certificate above are trechapter 139, 1937 Session Laws.	worn, say that I am the Mark hown (Mother, et	completed when the attendant does not sign in Item 25.  of the person whose name appears this person for years, and that years or (Cannot be located)  at I desire to have this birth recorded under
25. Attendant's  OWN signature  State of County of County of I, the undersigned, being first duly sin Item 1, above, that I am now (First name)  the facts on the certificate above are trechapter 139, 1937 Session Laws.	worn, say that I am the	completed when the attendant does not sign in Item 25.  of the person whose name appears this person for years, and that leased) or (Cannot be located) at I desire to have this birth recorded under the located with the located
State of	worn, say that I am the	completed when the attendant does not sign in Item 25.  of the person whose name appears this person for years, and that leased) or (Cannot be located) at I desire to have this birth recorded under Signature Signature 19. O. Address 2 ry 19. O. Address 2 ry 19. Trancisco

ADD 1.1 194

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Ci	ERTIFICATE OF I	e of birth of THIS chi	ild) State File No. Local Reg. No.	
Bureau of the Census	STATE OF IDA	HO FEB 18 19	Reg. Dist. N	o
1. PLACE OF BIRTH (All items at time of this birth)  (a) County One ida (b) City Bockla;  (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery:  IN THIS county years months	nd	usual residence of  (a) State Idaho (c) CityRock (d) Street Address or (e) How long has MO  RESIDENCE OF FATHER	(b) County  Land  R.F.D. No  THER lived in Idaho  (city, state)	Now Dece
4. FULL NAME Charles Ray Kelly		a. Date of	f Birth of Child n, day, year) 9-1	L <b>-1</b> 89
_ 7. Twin or If	so-born	8. No. months	., uaj, jour,	************
	t, 2nd, 3rd	of Pregnacy	9. Legitim	nate?
FATHER OF CHILD	10		HER OF CHILD	
NAME Sohn Thomas Kelly	16.	FULL MAIDEN Pea	rl Stredder	
11. Color or Race White 12. Age at time 29	17.	Color or Race White Birthplace Green	40 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
13. Birthplace Leominster England (City or town) (State or foreign cou	intry)	(City or t	own) (State or	foreign co
14. Exact Occupation Farmer	; ZU.	Exact Occupation Hous	e-wife	
15. Industry or Business Farmer	21.	Industry or	n home	•••••••
raimei				
	eonatorum			
22. Name prophylactic used to prevent Ophthalmia Ne				
22. Name prophylactic used to prevent Ophthalmia No. 23. Number of children of this mother: (a) At time of	of birth and inclu	ding this child <b>ls</b> .t		
22. Name prophylactic used to prevent Ophthalmia No. 23. Number of children of this mother: (a) At time of ATT	of birth and inclu ENDANT'S CERT	ding this childls.t	(b) Born alive and no	ow livin
22. Name prophylactic used to prevent Ophthalmia No. 23. Number of children of this mother: (a) At time of ATT 24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as	of birth and inclu ENDANT'S CERT of this child, wh particulars were	ding this childls.t IFICATE to was(Born alive, stillborn	(b) Born alive and noat	owilivin
22. Name prophylactic used to prevent Ophthalmia No.  23. Number of children of this mother: (a) At time of ATT  24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as.  (Mother, etc.)	of birth and inclu ENDANT'S CERT of this child, wh particulars were  M.D.	ding this childls.t  IFICATE  to was(Born alive, stillborn furnished by(Firs	(b) Born alive and not	owilivin
22. Name prophylactic used to prevent Ophthalmia No. 23. Number of children of this mother: (a) At time of ATT  24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as.  (Mother, etc.)  25. Attendant's OWN signature	of birth and inclu ENDANT'S CERT of this child, wh particulars were M.D. Midwife Ad	ding this childls.t  IFICATE  TO WAS	(b) Born alive and not	ow livin
22. Name prophylactic used to prevent Ophthalmia No. 23. Number of children of this mother: (a) At time of ATT  24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as.  (Mother, etc.)  25. Attendant's OWN signature	of birth and inclu ENDANT'S CERT of this child, wh particulars were M.D. Midwife Ad	ding this childls.t  IFICATE  to was	(b) Born alive and not	.M. on t
22. Name prophylactic used to prevent Ophthalmia No.  23. Number of children of this mother: (a) At time of ATT  24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Jaho (Ss.)  I, the undersigned, being first duly sworn, say that	of birth and inclu ENDANT'S CERT of this child, wh particulars were M.D. Midwife Ad AFFIDA t I am theU.	ding this childls.t  IFICATE  TO WAS	(b) Born alive and not make the name)  Date  when the attendant of the father 25 the father of the person whose	.M. on the ther her here
22. Name prophylactic used to prevent Ophthalmia No.  23. Number of children of this mother: (a) At time of ATT  24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (State of Tahlo State of Sannock, Ss.)  County of Sannock, Ss.  I, the undersigned, being first duly sworn, say that	of birth and inclu ENDANT'S CERT of this child, wh particulars were M.D. Midwife Ad AFFIDA t I am theU.	ding this childls.t  IFICATE  TO WAS	(b) Born alive and not make the name)  Date  when the attendant of the father 25 the father of the person whose	.M. on the ther her here
22. Name prophylactic used to prevent Ophthalmia No.  23. Number of children of this mother: (a) At time of ATT  24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Sannock, ss.  I, the undersigned, being first duly sworn, say that in Item 4, above, that I am now 55 years (First name)	of birth and inclu ENDANT'S CERT of this child, wh particulars were M.D. Midwife Ad AFFID t I am the	ding this childls.t  IFICATE  TO WAS	(b) Born alive and not be located?  (Cast name)  Date  Date  when the attendant of the factor of the person whose a for OVER 51 control of the factor of the person whose a for OVER 51 control be located?	M. on the me)  t does not her her struck
22. Name prophylactic used to prevent Ophthalmia No.  23. Number of children of this mother: (a) At time of ATT  24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Jaho (Ss.)  I, the undersigned, being first duly sworn, say that	of birth and inclu ENDANT'S CERT of this child, wh particulars were M.D. Midwife Ad AFFID t I am the	ding this childls.t  IFICATE  to was	(b) Born alive and not make the name)  (Last name)  Date  when the attendant of the fatter of the person whose for OWER 51 control of the person whose for ower full as are full nnot be located to have this birth	M. on the me)  t does not her her struck
22. Name prophylactic used to prevent Ophthalmia No.  23. Number of children of this mother: (a) At time of ATT  24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. Light State of Sannock, Ss.  1. the undersigned, being first duly sworn, say that in Item 4, above, that I am now 55 years (First name)  18. Light Sannock, Who at (First name)  29. Tade Lasley who at the facts on the certificate above are true to the best	of birth and inclu ENDANT'S CERT of this child, wh particulars were  M.D. Midwife Ad  AFFID  t I am the	ding this child	(b) Born alive and not be located to have this birth	.M. on the me)  t does not her her her ther ther ther ther started
22. Name prophylactic used to prevent Ophthalmia No.  23. Number of children of this mother: (a) At time of ATT  24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  State of (Mother, etc.)  State of Sannock, (Ss.)  I, the undersigned, being first duly sworn, say that in Item 4, above, that I am now (5, years (First name))  (First name) (Last name)  the facts on the certificate above are true to the best Chapter 139, 1937 Session Laws.	of birth and inclu ENDANT'S CERT of this child, wh particulars were  M.D. Midwife Ad  AFFID  t I am the	ding this childls.t  IFICATE  To was	(b) Born alive and not make the make the attendant of the fact of the fact of the person whose a for Ower 51 and as are not be located to have this birth the fact of Idaho.	.M. on the me)  t does not be name years, services recorde
22. Name prophylactic used to prevent Ophthalmia No.  23. Number of children of this mother: (a) At time of ATT  24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Jaho (Ss.)  I, the undersigned, being first duly sworn, say that in Item 4, above, that I am now (5) years (First name)  (First name) Tade Tasley , who attended the best Chapter 139, 1937 Session Laws.	of birth and inclu ENDANT'S CERT of this child, wh particulars were  M.D. Midwife Ad  AFFID  t I am the U. of age, that I hattended this birth t of my knowled  R.F. D.#. day of	ding this childls.t  IFICATE  TO WAS	(b) Born alive and not make the attendant of the person whose for OWER 51 and as are ful must be located to have this birth cello Idaho	t does not ther ther ther ther streecorde
22. Name prophylactic used to prevent Ophthalmia No.  23. Number of children of this mother: (a) At time of ATT  24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Jaho (Ss.)  I, the undersigned, being first duly sworn, say that in Item 4, above, that I am now (5) years (First name)  (First name) Tade Tasley , who attended the best Chapter 139, 1937 Session Laws.	of birth and inclu ENDANT'S CERT of this child, wh particulars were  M.D. Midwife Ad  AFFID  t I am the U. of age, that I he tended this birth t of my knowled  R.F.D.#. day of	ding this childls.t  IFICATE  TO WAS	Date  when the attendant  It name)  The person whose  for Ower 51  Sed as are  sto have this birth  cello Idaho  19.42.	t does not ther ther ther ther streecorde

(1937 Session Laws, Chapter 139, Section 4)

bureau of the Census	STATE OF IDAI	IO FEB 20 104	State File N. 33233 Local Reg. No
1. PLACE OF BIRTH (All items at time of this birt (a) County	(a	) State ) City ) Street Address or R.F	THER (At time of this birth)  (b) County  C.D. No
4. FULL NAME Burr Clinton Harrel	a	5. Date of Bir	rth of Child ay, year) Dec. 27, 189
6. Sex Male 7. Twin or Triplet	If so—born 1st, 2nd, 3rd / \$+	8. No. months of Pregnacy	9 9. Legitimate? <b>yes</b>
FATHER OF CHILD  10. FULL NAME John Henry Harreld  11. Color 12. Age at time of THIS birth.  13. Birthplace Fort Scott, Indian  (City or town) (State or foreig)  14. Exact Occupation Farmer  15. Industry or Business	30 yrs. 17. Co. 18. 19. F. 19.	ULL MAIDEN IAME Alice Sar folor r Race White Sirthplace (City or town) Exact Occupation Houndustry or Fusiness	Indiana (State or foreign country) Sewife
22. Name prophylactic used to prevent Ophthalmic			
23. Number of children of this mother: (a) At time			
<ul> <li>23. Number of children of this mother: (a) At tin</li> <li>24. I HEREBY CERTIFY That I attended the bi</li> <li>and at the place stated above, and that perso related to this child as.</li> </ul>	ne of birth and includ  ATTENDANT'S CERTIF  rth of this child, who  nal particulars were	ing this child	Born alive and now living3
23. Number of children of this mother: (a) At time 24. I HEREBY CERTIFY That I attended the bit and at the place stated above, and that person related to this child as (Mother, etc.)  25. Attendant's OWN signature	ne of birth and includ  ATTENDANT'S CERTIF  rth of this child, who  nal particulars were	ing this child	4 A. M. on the date
23. Number of children of this mother: (a) At tin  24. I HEREBY CERTIFY That I attended the bi  and at the place stated above, and that perso related to this child as  (Mother, etc.)	ne of birth and includ ATTENDANT'S CERTIF rth of this child, who nal particulars were a	ing this child	Born alive and now living3  HM. on the dat, who in the date the attendant does not significant

市运动 的 总统

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

-	partment of Commerce reau of the Census		STATE OF		Loca 3 <b>20</b> 1942Reg.	ıl Reg. No Dist. No
) ) 	(a) County Neoten. (c) Street Address or R (d) Name of Hospital of (e) Mother's stay BEFO	RE delivery:	m e	2. USUAL RESIDEN  (a) Stated  (c) City	ICE OF MOTHER (A.A. o (b) Co. S.T. FRL. L. ress or R.F.D. No. as MOTHER lived	At time of this birth) County / Co Ten A
4. F		Aret Emely Twin or Triplet	Mitche If so—born 1st, 2nd, 3rd	8. No. n	Date of Birth of C (Month, day, year nonths regnacy	D. Legitimate? 405
11. 13. 14. 15.	FULL NAME John M Color or Race white Birthplace Mew Yell (City of tov	ER OF CHILD	/oyrs.	16. FULL MAIDEN NAME  17. Color or Race 19. Birthplace 20. Exact	MOTHER OF CH FLOTA AG MCS itc. 18. Ag of GITY OF TOWN)	
		d to prevent Ophthalmia this mother: (a) At tim		including this child.		
	and at the place states	That I attended the bird above, and that person (Mother, etc.)	al particulars	(Born alive	, stillborn)	
	Attendant's OWN signature	(Mother, etc.)	M.D. Midwife	Address		Date
Sta	te of Washing	ton ss.	A	FFIDAVIT to be con	npleted when the in Item 25.	attendant does not si
in I	I, the undersigned, being tem 4, above, that I am	ng first duly sworn, say ( now8.0yes	rs of age, that	(Mother, etc.) I have known this	person for 5	years, and th
the Cha	(First name) facts on the certificate apter 139, 1937 Session	(Last name) e above are true to the	best of my kno furs. # 408,	(Is now deceased	i) or (Cannot be located desire to have th	his birth recorded und hell Signatu Lew M. P. O. Addro
~	•	7772	011/1	Notary Publi	c, residing at.	pokane
	(SEAL) (Note: Perjury is pun	ishable as a felony in Ida	tho; see Sec. 17	-914, Idaho Code A	nnotated.)	/

(1937 Session Laws, Chapter 139, Section 4)

15 how deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

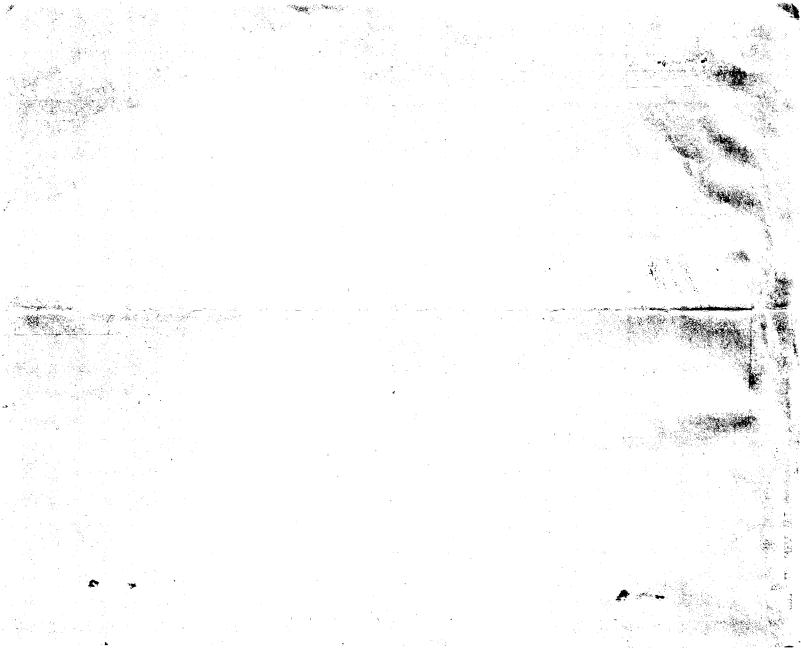
P. O. Address

1942 Subscribed and sworn to before me day of.

~~(SEAL) Notary Public residing at Jurary My Commission Expires April 25, 1944

(1937 Session Laws, Chapter 139, Section 4)

1. PLACE OF BIRTH	A-77-4	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
County of Caryon	~~	The second secon
City of Fintral Park Distr	ici - Bousen	CERTIFICATE OF BIRTH
No. Middleton	. St.	ion District NoState File N334351
<u> </u>		도 회원 (1998년 - 1987년 -
(If born in hospital or institution give na		gistration District NoLocal Registrar's No
2. FULL NAME OF CHILD ON	rilla te	rkel
If plural (4 Twin triplet	or other	6. Premature 7. Legiti- 8. Date of
3. Sex	order of birth	birthelle. 26
The state of the s	rder of birth	(moral, pay, 1964)
name Leo. Wor Many erke	P	18. Full MOTHER Died Sept 26, 1703
10. Residence (usual place of abode)		maiden name Benthia As RWBrimhall
(If non-resident, give place and State	Canyon Cand	(If non-resident, give place and State) Canyon Con Oc
11. Color or race White   12. Age at la	st birthday. 4.5 (v	ears) 20. Color or race. White   21. Age at last birthday. 27. (yes
13. Birthplace (city or place) Minera		
(State or Country) Mi	U.	(State or Country) Utah
The Prodes profession, or particular		23. Trade, profession, or particular kind
kind of were there, as spinner, bookkeeper, etc.	Farmer	of work done, as housekeeper, Rande Ree h
15. Industry or business in which		E 24. Industry or business in which
work was done, as silk mill, sawmill, bank, etc.	Dun Jarm	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  Our kone
5 16. Date (month and year)		25. Date (month and year)
o last engaged in this work   1.1.100	al time (years) sp	last engaged in this work 26. Total time (years) spen
Aug. 17 , 1897 in	this work 20 at	least March 8, 1908 in this work 26
27: Wast prophylactic was used to prev	ent Ophthalmia N	eonatorum?
28. Number of children of this mother		birth and including this child)
	(a) Born alive and	now living 5 (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation	months or weeks	30. Cause of stillbirth
borton or Regration	Ur weeks	During labor
la fill a filter out it is		DING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the bird	th of this child, who	was at m, on the date above state
When there was no attending physic	cian )	(Born Alive or Stillborn) (Signed), M.
or midwife, then the father, hoseholder, skould make this return.	etc., }	(Signed), M.
Give name added from	,	orMidw
a supplemental resort.	_23	Address
(Date	) OI)	Filed FEB 36 1312 193
	Registrar.	Berniat.



759-226 014, 299

# STATE OF IDAHO

# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS

State of Idaho County of Canyon		FFIDAVIT tificate of an unreported birth is not attested by signature of r midwife.)
	1	
she is the sister (Relationshi	of Arrilla Perkal	
(Date of birth		
whose certificate of birth is hereto at recorded under Chapter 139—1937 Sc	tached, and that She ession Laws of Idaho; and affiant further states that the	desires to have the said birth ne facts contained in the certifi-
cate of birth of the said	Arrilla Perkel	
	heret	o attached are true and correct
as stated therein, and that this birth		
Affiant further states that	O. W. Hall	
medical attendant at the birth of said	Arrilla Perkel	and that
the said medical attendant is	now deceased (or) cannot be	
Service - 2	(140 W decembed (01) cultion be	e located)
Contraction of the contraction o	Name of Affiant Edna Perkel	
	P. O. Address 1014 E. on Rankles	y Bouse, dala.
Subscribed and sworn to before	P. O. Address 1014 E. Franklis me this 23 hol day of	bruary 1942
Danserrage and sworn to below		NAN -
		Noticy Public.
	Residing at	of Lake, Idaho.
* If the father and mother are dead, and the ant, as brother, sister, cousin, etc.	next nearest kin signs the affidavit, state that fact in the affidavit,	indicating the relationship of the affi-

• . .

	172029 States	675 (Be s	ure the info	rmation is as o	f date of birth of	THIS child)	State File No
	nent of Comm		0 1942	CERTIFICATE			Local Reg. No
Bureau	of the Census	FEO A	0 1372	STATE OF	' IDAHO		Reg. Dist. No
(a) C (c) S (d) N N(	County Lat. Street Address Name of Hosp One Mother's stay	(All items at time ah	city Pot.] zen Del Home:	Latch	(a) StateI.9 (c) CityP. (d) Street Ac (e) How long	daho (o.t.la.t.ch) idress or R.F.D. ; has MOTHER 1	R (At time of this birth b) County Latah Nogen Del ved in Idaho? 43 state) deceased
4 FIII I	NAME				F	D-4	. 4 . 01 . 17 . 1
OF C	HILD Fre	ed Pation (	vercasi	<u>a</u>		(Month, day,	year) 6/2/1291
6. Sex	male	7. Twin or Triplet	· · · · · · · · · · · · · · · · · · ·	If so—born 1st, 2nd, 3rd		months Pregnacy 9	9. Legitimate? yes
10 =====		FATHER OF CHIL	.D		10 mile 444mm	MOTHER O	CHILD
10. FULI	LE Jess	si <b>e Pin</b> k Ov	ercash		16. FULL MAIDE	N Mary Jan	Freeze
11. Colo	or Race <b>whi</b>	12 Δσο	at time	20	17. Color	18	. Age at time
13. Birt	hplaceBen	tonville.	HIS birth Arkanse (State or foreign	3.8		hite Waitsburg (City or town)	of THIS birth 16
14. Exa	ct	rmer	· -		20. Exact	-	duties at ho
	upation	14 ABO 4	••••••	•••••	21. Industry or		MOTOS A STIC
		ne			Business	none	
			ended the bi		d, who wasa		M. on the
	at the place	stated above, and ild as MOth	er	nal particulars	were furnished by	y Mary Jan	e Overcash w
relat	ted to this cm		F-434- \			(First name)	(Last name)
relat 25. Atte	endant's N signa <del>tus</del> e	(1	Mother, etc.)	M.D. Midwife	Address	(First name)	(Last name)  Date
25. Atte	endant's N signatuse	formia Ligilia	Mother, etc.)	Midwife			Date the attendant does not
25. Atte OW! State of County	endant's N signatuse f	Maria.	Mother, etc.)	Midwife	FFIDAVIT to be o	ompleted when in Item	Date the attendant does not 25.
25. Atte OW! State of County I, th	endant's N signature f	d being first duly	other, etc.)	Midwife  A that I am the ars of age, tha	FFIDAVIT to be confidence of the confidence of t	ompleted when in Item	Date the attendant does not 25.  person whose name app
25. Atte OW! State of County I, the in Item	endant's N signature f	d being first duly	other, etc.)	Midwife  A that I am the ars of age, tha	FFIDAVIT to be confidence of the confidence of t	ompleted when in Item	Date the attendant does not 25.  person whose name app
25. Atte OWI State of County I, the in Item (First the fact	endant's N signature f	d being first duly t I am now	ss.  sworn say , who	Midwife  A that I am the ars of age, that attended this	(Mother, etc. t I have known the	ompleted when in Item: of the state of the s	Date the attendant does not 25.  person whose name approximates, and I further state
25. Atte OWI State of County I, the in Item (First the fact	endant's N signature f	d being first duly t I am now	ss.  sworn say , who	that I am the.  ars of age, that attended this best of my kn	(Mother, etc. t I have known the birth (Is now decease owledge, and that	ompleted when in Item	Date  the attendant does not 25.  person whose name app years, and ye this birth recorded up years Signa
25. Atte OW State of County I, the in Item (First the fact Chapter	endant's N signature f	d being first duly t I am now	ss.  sworn say , who	that I am the ars of age, that attended this best of my kn	(Mother, etc. t I have known the birth	ompleted when in Item of the seal or (Cannot be led) I desire to ha	Date  the attendant does not 25.  person whose name app years, and I further state to this birth recorded under the content of
25. Atte OW State of County I, the in Item (First the fact Chapter	of	d being first duly t I am now	ss.  sworn say , who	that I am the ars of age, that attended this best of my kn	(Mother, etc. t I have known the birth	ompleted when in Item of the is person forsed) or (Cannot be led) I desire to have	Date  the attendant does not 25.  person whose name app years, and I further state one this birth recorded under the content of the content o
State of County  I, the in Item  (First the fact Chapter	endant's N signature f	d being first duly t I am now	ss.  sworn say , who true to the	that I am the ars of age, that attended this best of my kn	(Mother, etc. t I have known the birth (Is now decease owledge, and that the birth (Mother) (	ompleted when in Item  of the lis person for  sed) or (Cannot be led). I desire to ha	Date  the attendant does not 25.  person whose name app years, and I further state one this birth recorded under the content of the content o
State of County  I, the in Item  (First the fact Chapter	endant's N signature f	d being first duly t I am now	ss.  sworn say , who true to the	that I am the ars of age, that attended this best of my kn	(Mother, etc. t I have known the birth	ompleted when in Item  of the lis person for  sed) or (Cannot be led). I desire to ha	Date  the attendant does not 25.  person whose name app years, and I further state one this birth recorded under the content of the content o
State of County  I, the in Item  (First the fact Chapter  Sub	the undersigned 4, above, that the undersigned 1, above, that 139, 1937 Ses 0scribed and so (SEAL) ote: Perjury is	d being first duly t I am now	ss.  sworn say  sworn who true to the  true to the	that I am the ars of age, that attended this best of my kn	(Mother, etc. t I have known the birth (Is now decease owledge, and that the birth (Mother) (	ompleted when in Item  of the lis person for  sed) or (Cannot be led). I desire to ha	Date  the attendant does not 25.  person whose name app years, and I further state one this birth recorded under the content of the content o

(1937 Session Laws, Chapter 139, Section 4)

Bureau of the Census	CERTIFICATE STATE OF	FIDAHO	9 1942 Local Reg. No
1. PLACE OF BIRTH (All items at  (a) County	(b) City Mullan No	(a) StateId (c) CityMu (d) Street Addre (e) How long ha 3. RESIDENCE OF F.  5. D  8. No. mo of Pre  16. FULL MAIDEN NAMEMary 17. Color or Race	ate of Birth of Child Month, day, year)Jan2, 189
			1 (b) Born alive and now living1
	ATTENDANT'S		
		(Born alive,	atM. on the dat
related to this child as	(Mother, etc.)  M.D.	, were rurnished by	(First name) (Last name)
OWN signature		Address	Date
State of Washington County of Stevens	}ss.	AFFIDAVIT to be com	pleted when the attendant does not sig in Item 25.
		(Mother etc.)	of the person whose name appear
			person for 51 years, and the
(First name) (	(Last name)	(Is now deceased)	deceased I further state the or (Cannot be located)
the facts on the certificate above			desire to have this birth recorded under the desire to have this birth recorded under the signature.
Chapter 139, 1937 Session Laws.		~CWIW\	Signatu
Chapter 139, 1937 Session Laws.			
Chapter 139, 1937 Session Laws.  Subscribed and swore to before (SEAL)	Box	ındary, Washi February	ngtonP. O. Addres

2.

(1937 Session Laws, Chapter 139, Section 4)

Ui De	nited par	O O O O O O O O O O O O O O O O O O O	Comme	· (	Be sure	the info	rmation is as o	-	THIS child)	Local Re	ile No eg. No st. No	•••••
	(d)	Name o	f Hospit	al or Mate	rnity Ho	me:	t Falls	2. USUAL RESIDI (a) State I.d. (c) City PO (d) Street Ad	aho st Fal Idress or R	ls, Idal	nty Koo no none	
	(e)			FORE deliv 5 year		months	# days	(e) How long 3. RESIDENCE OF	FATHER (	(city, state) $\perp$	ost Te	
	OF			deorge 7. Twin or		none	If so-born	8. No.	months	Birth of Child day, year)		
6.	Sex	m e	le	Triplet			1st, 2nd, 3rd	of 1	Pregnacy		egitimate?	уе:
10	. FU	ILL		THER OF		Loan		16. FULL MAIDE	Mothi Vana K	<b>ER OF CHILD</b> Cevs		
11									3 - 3 de -	12 A ora a	t time US_birth	34
13 14	. Bi	rthplace. cact	F'EQ(	town)	(Stat	LLCI e or foreign	40 yrs.	00 75	(City or town	n) (8	tate or foreign	n country
	Oc . In	ccupation dustry or usiness	•	armer arming	••••••		•••••	Occupation	Housew		•••••••	••••••
22 23	. Na	ame prop umber of	hylactic children	used to pro	event Op other: (a	) At tin	ne of birth an	none d including this chil	d SiXb		and now li	ving
23	. Ni . I i	HEREBY	children CERTI	used to pre of this me FY That I ated above	attende	d the bir	ne of birth and ATTENDANT'S rth of this chi	none d including this chil CERTIFICATE ild, who was DOI	d SiXb in aliv ive, stillborn) y Try in	) Born alive	A.m.o	n the d
23	. Ny an rel	umber of HEREBY id at the lated to t	children CERTI place st his child	used to pro of this mo	attende	d the bir	ATTENDANT'S rth of this chi nal particular	none d including this chil CERTIFICATE ild, who was	d SiXb n aliv	Born alive	A M. o	n the d
23 24 25 St	. Nu	HEREBY  Id at the lated to t  ttendant's  WN signa	children CERTI place st his child ture	used to proof of this mo	attende , and the (Mothe	d the bir at person r, etc.)	ATTENDANT'S rth of this chi nal particular	none d including this chil CERTIFICATE ild, who was	id SiXb  n alive ive, stiliborn) y Trvin (First no	) Born alive	A.M. o	n the d
23 24 25 St Co	. No an relate over I,	HEREBY ad at the lated to the tendant's WN signa of	children CERTI place st his child sture Shin Spok	of this me  FY That I  ated above as	attende , and the (Mothe	d the bir at person r, etc.)	ATTENDANT'S rth of this chi nal particular	none d including this chil CERTIFICATE ild, who was	d SiXb n aliv ive, stillborn) (First n ompleted w in I	Den alive	A M. o EORB Last name) Date endant doe whose nar	s not s
23 24 25 St Cc	an rei	HEREBY ad at the lated to the tendant's wn signature of the under	children CERTI place st his child ture Spok rsigned, e, that I	gton being first	attende attende and the nothe (Mothe	d the bin at person r, etc.)	ATTENDANT'S rth of this chi nal particular	none dincluding this chil CERTIFICATE ild, who was DOI (Born at s were furnished by  Address  AFFIDAVIT to be consisted (Mother, etc.) at I have known the s birth is now decea	ompleted win I	Deprivation alive (1)  When the attem 25.  of the person (1)  or 50  (e.d.)  ot be located)	M. of EORB Last name)  Date endant does whose name years I further	on the d
23 24 25 St Co	an relation At OV ate ount; I, Iter	HEREBY  Id at the lated to the tendant's wing as of	children CERTI place st his child sture Shin Spok rsigned, e, that I	gton being first	attende attende and the nothe (Mothe	d the bin at person r, etc.)	M.D. Midwife that I am the ars of age, the attended this best of my king.	none dincluding this chil CERTIFICATE ild, who was DOI (Born al s were furnished by  Address  AFFIDAVIT to be c  Sister (Mother, etc. at I have known the s birth is now deceanowledge, and that	ompleted win I ompleted win I deceased) or/Cann	Description of the person or 50 of the located of have this	Date endant doe whose nar I further birth	on the common who is not some appears, and to state to reded un.
23 24 25 St Co	an relate ount; I, Iter (F)	HEREBY ad at the lated to the tendant's wings of	children CERTI place st his child sture Shin CipoK rsigned, e, that I	ry That I ated above as	attende and the nothe (Mothe	d the bin at person r, etc.) ss. orn, sayye h to the	M.D. Midwife  that I am the ars of age, the attended this best of my known day of	none dincluding this chil  CERTIFICATE ild, who was DOI (Born al s were furnished by  Address  AFFIDAVIT to be c  Sister (Mother, etc., at I have known th s birth is now (Is now decean nowledge, and that	ompleted win I  ompleted win I  deceas sed) or/Cann Light desire t	Deprivation of the person or 50 sed ot be located) or bash.	Eoan M. of	on the d, who so not so me appeas, and t state t rded unSignat O. Adda
23 24 25 St Co	an relate out of the factor of	HEREBY  Id at the lated to the tendant's wings and the under m 4, above the under the	children CERTI place st his child sture Spok rsigned, re, that I	rused to proof of this me  FY That I  ated above as	attender: (a attender: (a attender: (a attender: (a attender: (b attender: (b attender: (b attender: (a attender: (b attender: (a attender: (b attender: (a attender: (b attender: (b attender: (a attender: (b atten	d the bin at person r, etc.) ss. orn, say e to the	M.D. Midwife that I am the ars of age, the attended this best of my known day of the control of	none dincluding this chil  CERTIFICATE ild, who was DOI (Born al s were furnished by  Address  AFFIDAVIT to be c  Sister (Mother, etc., at I have known the s birth is now (Is now decean nowledge, and that	ompleted win I completed win I	Description of the person or 50 or the located or have this wash.	Eoan M. of	on the d, who so not so me appeas, and t state t rded unSignat O. Adda

27 1940

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	235-203 014-713		3346	49
0 TO	Timited Otaton (Do m	ure the information is as of da	te of hirth of THIS child)	State File No.334644.
<u>0</u> .2	Department of Commerce MAR 4	CERTIFICATE OF	<u>-</u>	Local Reg. No
Z E	Bernary of the General MAR 1	OAO STATE OF		_
5 8	Bureau of the Census MAN 4	942 STATE OF ID	AHU	Reg. Dist. No
e fi	1. PLACE OF BIRTH (All items at time	of this birth) 0/ 2.	USUAL RESIDENCE OF MO	THER (At time of this birth)
. <u> </u>	(a) County ( (M. 14 (M.) (b) C	ity near Star		(b) County Canyon
ŧ –	(c) Street Address or R.F.D. No			
i j	(d) Name of Hospital or Maternity	· · · · · · · · · · · · · · · · · · ·	(c) City	SAOL
t 🗏	•		(d) Street Address or R.F	.D. No
0 -	(e) Mother's stay BEFORE delivery:	••••••	(e) How long has MOTHE	R lived in Idabo? 2 1 vrs.
留る	IN THIS county years	months days 3.	RESIDENCE OF FATHER (C	ity, state)
COMPLETED to charge for	4. FULL NAME O. /	, 24 0	5. Date of Bi	
<u> </u>	of CHILD Ida Jan	a stelle	(Month. d	ay, year)
≱ี ฃ	D 7. Twin or	If so—born	8. No. months	
	6. Sex Lemale Triplet	1st, 2nd, 3rd	of Pregnacy	9. Legitimate?
Mail 19.	FATHER OF CHIL	D =	MOTHER	OF CHILD
X gà			E ELLE AAADREN	
• <b>Ξ</b>	10. FULL John Colis	i Sollele	NAME QUINO L	avina Palmer
	11. Color // // // 12. Age	at this m. I to	Color	18. Age at time
₹2		HIS birth. J., yrs.	or Race White	of THIS birth J. J. yrs.
# ò	13. Birthplace. Warran burg	Misabrira 19	Birthplace	t daha
5 <u>5</u>		State or foreign country)	(City or town)	1110
きっ	Occupation Farme	2	Occupation	use (With
. 2 d	15. Industry or	21	. Industry or	
Ë 5 E	Business	ļ	Business	
2 . s	22. Name prophylactic used to prevent	Ophthalmia Neonatorum		
£ 12 9	23. Number of children of this mother			
8 = 5		ATTENDANT'S CER	· · · · · · · · · · · · · · · · · · ·	Total day in it in it is in it
E S ?				
ē = \$	24. I HEREBY CERTIFY That I atte	nded the birth of this child, v	vno wasat (Born alive, stillborn)	M. on the date
語言	and at the place stated above, and	that narronal narticulars wa	•	who is
	related to this child as	that personal particulars we	(First nan	ie) (Last name)
# ; ¥	( <u>)</u>	(other, etc.)		
¥ 2 6	25. Attendant's	M.D. Midwife A	ddress	Date
	OWN signature		duress	Date
100	State of Jahu	Lss Affil		en the attendant does not sign
2 4 7	County of		in Ite	m 25.
\$ \$ £	I, the undersigned, being first duly	sworn, say that I am the	morker of	the person whose name appears
25 2	in Item 4, above, that I am now	ر المحادث المح	(Mother, etc.)	3-1
URE	in item 4, above, that I am now	Zyears of age, that I	nave known this person for	years, and that
7 2 2	(First haige) (Last n	who attended this bir	thZ.XXQQQQ	I further state that be located)
	the facts on the certificate above are	tmic to the best of my knowl	ados and that I desire to	have this hirth recorded under
Se	Chapter 139, 1937 Session Laws.	• •	<u>~</u>	
₹&₹		( in	May Saltzar	a
즈다.			<i>a</i>	
3F. "		// The		
E SE	Subscribed and sworn to before m	e this day of day	hach	
75.8	(SFAL)	an 6. Own	Notary Public, residing	at Toma States
e in a	(Note: Perjury is punishable as a		4, Idaho Code Annotated.)	/ .
Se in a se in	MAR A	1 (0.87)	VA I Dec	0 1
	THE STATE OF THE S	1774	T T T take	
ي ۾ ج	Received for filing on.	177L by	Major 7 6	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

United States  (Be sure the information is as of date of birth of THIS child)  Department of Commerce  Eureau of the Census  1. PLACE OF BIRTH (All items at time of this birth) (a) County (b) City (b) (c) City (c) (c) C	349/221025-451		334940
1. PLACE OF BIRTH (All items at time of this birth) (a) County, All A.O. (b) City, O. (c) Street Address or R.F.D. No. (d) Name of Hogolital or Mategnity Home: (e) Mother's stay BEFORE delivery: (f) No. (e) How long has MoTHER (led in Idaho) (g) How long has MoTHER (led in Idaho) (g) How long has MoTHER (led in Idaho) (h) Responsible to the form of the first hand including this child. (h) Born alive and now living.  10. FULL NAME OF CHILD  FATHER OF CHILD  FATHER OF CHILD  FATHER OF CHILD  11. Age at time 12. Age at time 13. Birthplace 14. Exact 15. Color or Race of The Child of The County or Race of The Race of The County or Race of The Race of Th		he information is as of date of birth of THIS	child) State File No
1. PLACE OF BIRTY. (All items at time of this birth) (a) County. All A.O. (b) City. (c) Street Address or R.F.D. No. (d) Name of Hoggital or Mategrity Home: (e) Mother's stay serong months of the Dirth of Child Office of FATHER (city, state) of A.A. (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho of Triplet of Triplet of State of Triplet of State of Triplet o			
(a) County A.A.A. (b) City II 0 (c) Street Address or RF.D. No. (c) Street Address or RF.D. No. (d) Name of Hospital or Matephity Home:  (e) Mother's stay BEFORE delivery: IN THIS county /5 year, o months o days  4. FULL NAME OF MAIL OF This county /5 year, o months o days  5. Date of Birth of Child	Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
4. FULL NAME OF CHILD OF CHILD OF TATUE OF CHILD OF TATEORY OF Race OF TATEORY OF TATEORY OF RACE OF TATEORY OF TATEORY OF RACE OF TATEORY OF TAT	(a) County (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Horp (e) Mother's stay BEFORE delivery:	(a) State Od (c) City Dan ne: (d) Street Address	S or R.F.D. No. 140
6. Sex out of Triplet V If so born 1st, 2nd, 3rd of Preparacy 9. Legitimate? 18  10. FULL PATHER OF CHILD 12. Age at time of child NAME 11. Color or Race. 12. Age at time of child NAME 17. Color or Race. 19. Hith 12. Age at time of child NAME 17. Color or Race. 19. Hith 12. Age at time of child NAME 17. Color or Race. 19. Birthplace. (City of twen) (State or foreign country) or Race. 19. Birthplace. (City of twen) (State or foreign country) on Race. 19. Birthplace. (City of twen) (State or foreign country) on Race. 19. Birthplace. (City of twen) (State or foreign country) on Race. 19. Birthplace. (City of twen) (State or foreign country) on Race. 19. Birthplace. (City of twen) (State or foreign country) on Race. 19. Birthplace. (City of twen) (State or foreign country) on Race. 19. Birthplace. (City of twen) (State or foreign country) on Race. 19. Birthplace. (City of twen) (State or foreign country) on Race. 19. Birthplace. (City of twen) (State or foreign country) on Race. 19. Birthplace. (City of twen) (State name) (State of the person whose name appear in Hem 4, above, that I am not 19. Season Laws. (Mother, etc.)  State of the undersigned, being first duly sworn, say that I am the (Mother, etc.) (Reat name) (Last plane) (Last pla	IN THIS county /5 years o		
18. Sex per an analysis of Pregnacy 9. Legitimate?  10. FULL MAME 11. Color 12. Age at time or Race 11. Color or Race 12. Age at time 37 yrs.  11. Color 12. Age at time 37 yrs.  12. Birthplace 10. Male 11. Color or Race 12. Age at time 37 yrs.  13. Birthplace 10. Male 12. Age at time 37 yrs.  14. Exact 12. Age at time 37 yrs.  15. Industry or Business 12. Name prophylactic used to prevent Ophthalmia Neonatorum 21. Industry or Business 12. Name prophylactic used to prevent Ophthalmia Neonatorum 22. Number of children of this mother: (a) At time of birth and including this child 12. ATTENDANT'S CERTIFICATE 12. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) (Last name) (Last na	of CHILD CATATAL	Tur Vou 5. Dat (M	te of Birth of Child ( ) 199 (onth, day, year)
10. FULL NAME 11. Color or Race. 12. Age at time or Bushings (Clus of town) (State or foreign country) 13. Birthplace. 16. Age at time or Race. 17. Color or Race. 18. Age at time or Race. 19. Birthplace. 17. Color or Race. 19. Birthplace. 18. Age at time or Race. 19. Birthplace. 19. Bi			nacy 9. Legitimate?
14. Exact Occupation 15. Industry or Business or Busin	10. FULL LETEZ Turn	16. FULL MAIDEN 7	hangarel Deasy
14. Exact Occupation 15. Industry or Business or Busin	or Race of THIS	birth J. yrs. or Race M. M.	yrs
21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child.  ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was.  and at the place stated above, and that personal particulars were furnished by related to this child as.  (Mother, etc.)  25. Attendant's M.D.  OWN signature  State of M.D.  I, the undersigned, being first duly sworn, say that I am the interney in Item 4, above, that I am now years of age, that I have known this person for years, and the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth secore, d under Chapter 139, 1937 Session Laws.  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  ATTENDANT'S CERTIFICATE  ATTENDANT'S CERTIFICATE  ATTENDANT'S CERTIFICATE  (Born alive, stillborn)  (Most. Pirst name)  (Last name)  (Mother, etc.)  (Is now deceased) or (Cannot be basical)  I further state the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth secore, d under Chapter 139, 1937 Session Laws.  Subscribed and sworn before me this 2 day of Session Research of Cannot be basical)  (SEAL)  (Note: Perjury is punishable argufulony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	14. Exact (City or town) (State	or foreign country) 20. Exact	(State or foreign country)
23. Number of children of this mother: (a) At time of birth and including this child.  ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was at the place stated above, and that personal particulars were furnished by the related to this child as (Born alive, stillborn)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  State of M.D. Midwife Address  AFFIDAVIT to be completed when the attendant does not sign in Item 25.  I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  I further state the (First name)  (East plane) (Last plane)  (I now deceased) or (Cannot be leasted)  (First name) (Last plane)  (I now deceased) or (Cannot be leasted)  (SEAL) (Note: Perjury is punishable as attalony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	15. Industry or / ()	21. Industry or	
23. Number of children of this mother: (a) At time of birth and including this child.  ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was at the place stated above, and that personal particulars were furnished by (First name) (Last name)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  29. I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  29. I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  29. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  29. I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  20. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  20. I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  20. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  21. I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  22. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  23. I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  24. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  25. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  26. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  27. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  28. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  29. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  29. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  29. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  29. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  29. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  29. AFFIDAVIT to be completed when	22. Name prophylactic used to prevent Opl	nthalmia Neonatorum 200	nf
ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was	23. Number of children of this mother: (a	At time of birth and including this child	(b) Born alive and now living
and at the place stated above, and that personal particulars were furnished by (First name) (Last name) (Mother, etc.)  25. Attendant's M.D. Midwife Address Date  State of Ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.  I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) in Item 4, above, that I am now years of age, that I have known this person for years, and that (Last pame) (Last pame) (Last pame) (Is now deceased) or (Cannot be based) I further state the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth second a under Chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this 2 day of SEAL)  (Note: Perjury is punishable agrantiony in Idaho; see Sec. 17-914, Idaho Code Annotated.)			
25. Attendant's OWN signature Midwife Address Date  State of State	24. I HEREBY CERTIFY That I attended	I the birth of this child, who was(Born alive, sti	at
OWN signature  State of			(First name) (Last name)
Affidavit to be completed when the attendant does not sign in Item 25.  I, the undersigned, being first duly sworn, say that I am the			Date
I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appear in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Is now deceased) or (Cannot be leasted) I further state the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the certificate above the certificate ab	au John		
in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last rame) (Is now deceased) or (Cannot be leasted)  the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth second d under the company of the	County of Nes County	$O_{I}$	
in Item 4, above, that I am now years of age, that I have known this person for years, and that I further state the (First name) (Last pame) (Last pame) (Is now deceased) or (Cannot be leasted) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth second and Chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this day of SEAL)  (SEAL)  (Note: Perjury is punishable as a poliony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	I, the undersigned, being first duly swo	orn. sav tnat i am tne	of the person whose name appear
(First name) (Last same) (Is now deceased) or (Cannot be leasted)  the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record d under the control of the certificate above are true to the best of my knowledge, and that I desire to have this birth record d under the control of the certificate above are true to the best of my knowledge, and that I desire to have this birth record d under the control of the certificate above are true to the best of my knowledge, and that I desire to have this birth record d under the certificate above are true to the best of my knowledge, and that I desire to have this birth record d under the certificate above are true to the best of my knowledge, and that I desire to have this birth record d under the certificate above are true to the best of my knowledge, and that I desire to have this birth record d under the certificate above the certificate above are true to the best of my knowledge, and that I desire to have this birth record d under the certificate above the certificate above are true to the best of my knowledge, and that I desire to have this birth record d under the certificate above are true to the best of my knowledge, and that I desire to have this birth record d under the certificate above the certificate above are true to the best of my knowledge, and that I desire to have this birth record d under the certificate above the cer	in Item 4, above, that I am now 58	vears of age, that I have known this pe	erson for 50 years, and tha
Subscribed and sworn to before me this 2 day of SEAL)  (SEAL)  (Note: Perjury is punishable as a glony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	(First name) (Last game)	, who attended this birth (Is now deceased) or	r (Cannot be located)
Subscribed and sworn to before me this 2 day of 18 (SEAL)  (SEAL)  (Note: Perjury is punishable as supplony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	the facts on the certificate above are true Chapter 139, 1937 Session Laws.	to the best of my knowledge, and that I do	2 211
Subscribed and sworn to before me this 2 day of (SEAL)  (SEAL)  (Note: Perjury is punishable as supplony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	•	P. 100 0	
(Note: Perjury is punishable as safelony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	1/2 /		10-42
		Notary Public,	residing at the Color Color
Received for filing on FEB 24 1942 by the Registra		ny in Idaho; see Sec. 17-914, Idaho Code Anno	otated.)
	Received for filing on FEB 24 1942	by Hall Tr	Registrar

(1937 Session Laws, Chapter 139, Section 4)



249, 223-006, 343 (Be sure the information is as of date of birth of THIS child) United States State File No..... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BIRTH (All items at time of this birth (b) County Binghau (a) County Bandhaus (b) City (a) Stater dah o (c) Street Address or R.F.D. No. Man. I. F.D. (c) City ... s. daho Hall (d) Name of Hospital or Maternity Home: , (d) Street Address or R.F.D. No..... mone as rende (e) How long has MOTHER lived in Idaho? \_\_\_\_\_\_\_vrs. (e) Mother's stay BEFORE delivery: IN THIS county vears months days RESIDENCE OF FATHER (city, state) 4. FULL NAME 5. Date of Birth of Childs (Month, day, year) 1,000 23-1871. OF CHILD. 7. Twin or If so-born 8. No. months 6. Sex Triplet 1st, 2nd, 3rd of Pregnacy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME dariula NAME C 11. Color 17. Color 18. Age at time of THIS birth or Race of THIS birth 2/2, yrs. or Race Leas 13. Birthplace. 19. Birthplace, 20. 20. Exact 14. Exact Occupation .. Occupation .. 15. Industry or 21. Industry or asherle Mor Business Business ( 22. Name prophylactic used to prevent Ophtyalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child........ (b) Born alive and now living....... ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is (First name) related to this child as..... (Mother, etc.) 25. Attendant's M.D. Midwife Address Date OWN signature State of. AFFIDAVIT to be completed when the attendant does not sign County of .... in Item 25. I, the undersigned, being first duly sworn, say that I am the.... of the person whose name appears (Mother, etc.) in Hem Labove, that I am new years of age, that I have known this person for years, and that , who attended this birth Row dieea Rex. I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this 2/4 day of Albruary 1942 (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sed. 17-914, Idaho Code Annotated.) Received for filing on FEB 2.5 1942......by

(1937 Session Laws, Chapter 139, Section 4)

(1937 Session Laws, Chapter 139, Section 4)

	547,209 006,986	A CONTRACTOR OF THE PARTY OF TH	en e	335251
2.2	United States (Be sure the information		ate of birth of THIS child)	State File No
흕	•	ERTIFICATE O		Local Reg. No
envelope certified	Bureau of the Census	STATE OF I	DAHO	Reg. Dist. No
certificate in filing. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) County Binghem (b) City Idaho (c) Street Address or R.F.D. No. Rossial (d) Name of Hospital or Maternity Home:	Colls, Eda	(c) CityIdahoFalls.	(b) County.Bingham
	(e) Mother's stay BEFORE delivery: IN THIS county of years of months			lived in Idaho?54yrs.
e. Mail COMPLETED filing. No charge for	4. FULL NAME Pearl Lorens Empey Brant		5. Date of Birtl (Month, day	of Child year) October 9, 1891
8		so—born st, 2nd, 3rd	8. No. months of Pregnacy	9. Legitimate? Yes
Aail 9	FATHER OF CHILD		MOTHER	OF CHILD
pleting this certificate. As, Boise, Idaho, for filing r coin.	10. FULL NAME Ephraim Shadrich Empey  11. Color or Race. White of THIS birth 3:  13. Birthplace. Bedfordshire, England (State or foreign con Cocupation Farmer and stockman)  14. Exact Occupation Farmer and stockman  15. Industry or Business	9yrs. 1 1 untry) 2	or RaceWhite	n. Rhodes 8. Age at time 9 of THIS birth 34 yrs.  (State or foreign country)  fe
£ 0.0	22. Name prophylactic used to prevent Ophthalmia N	eonatorum		The second secon
P. S. S.	23. Number of children of this mother: (a) At time			
e is is	ATT	ENDANT'S CE	RTIFICATE	
bon ii tal St ney o	24. I HEREBY CERTIFY That I attended the birth	of this child,	who wasatat	M. on the date
iter rib r of Vi rts, mo	and at the place stated above, and that personal related to this child as	••••••	ere furnished by(First name)	(Last name) who is
Sea Sea	25. Attendant's OWN signature	M.D. Midwife	Address	Date
ord type ate Bu	State of	AFF	IDAVIT to be completed when in Item	the attendant does not sign 25.
LACK Recitage to Standard	I, the undersigned, being first duly sworn, say that in Item 4, above, that I am now	of age, that I	(Mother, etc.) have known this person for	50 years, and that
K ink or B CLASS pos n advance	the facts on the certificate above are true to the bes Chapter 139, 1937 Session Laws.	t of my know	ledge, and that I desire to he	we this birth recorded under  Signature  P. O. Address
BLACK IRST-C ires an	Subscribed and sworn to before me this	day of	Jeun	. 19 4
A L	•	•	Notary Public, residing a	draw della que
P. T.	(Note: Perjury is punishable as a felony in Idaho	; see Sec. 17-9	14, Idano Code Annotated.)	
Sea Cop	Received for filing on FEB 26 1942	.,by	Mary Italie	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

envelope	793/0/006-293 United States Department of Commerce Bureau of the Census	(Be sure the information is as of CERTIFICATION STATE OF	OF BIRTH	State File No. 335261 Local Reg. No. Reg. Dist. No.
ETED cortificate in ge for filing. Each	(c) Street Address or R.F.D. (d) Name of Hospital or Ma Private Home  (e) Mother's stay BEFORE de IN THIS county 4 years	(b) City. Idaho. Falls  No. Route # 2  ternity Home:  livery:  pars months days	(c) City	(b) County Bingham  alls  D. No. Route # 2  lived in Idaho? ! yrs.  ty, state) Idaho Falls, Ida
COMPL No char	OF CHILD Sidney Pit: 7. Twin 6. Sex male Triple		8. No. months	th of Child y, year) Sept. 1, 1891 9. Legitimate? yes
ribbon in completing this certificate. Mail COMPLETED certificate in envelor Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certific money order er coin.	14. Exact Occupation Farmer  15. Industry or Business  22. Name prophylactic used to 1		16. FULL MAIDEN Elizabet NAME 17. Color or Race white 19. Birthplace Little (City or town) 20. Exact Occupation Housew 21. Industry or Business	of THIS birth 26 yrs. Cotton, Utah (State or foreign country) ife
ribbon in co Vital Station money order	24. I HEREBY CERTIFY That	ATTENDANT'S  I attended the birth of this chi	CERTIFICATE  ld, who wasat (Born alive, stillborn) s were furnished by	M. on the date
typewriter Bureau of iffy cents, n	related to this child as	M.D. Midwife	Address	Date
cord type tate But of fifty	State of Idaho County of Gem	••••••••••••••••••	AFFIDAVIT to be completed whe in Item	n 25.
Use only BLACK Ink or BLACK Record (bearing FIRST-CLASS postage to State copy requires an advance payment of fif	in Item 4, above, that I am now  Mrs. Thompson, midwit  (First name)  the facts on the certificate above  Chapter 139, 1937 Session Laws  Subscribed and sworn to be  (SEAL)  (Note: Perjury is purishab	fore me this1844 day of	(Mother, etc.) at I have known this person for birthisnowdeceased. (Is now deceased) or (Cannot be welcher and that I desire to 1  Emmett, Idaho  February  Notary Public, residing (1-914, Idaho Code Annotated.)	years, and that le located) have this birth recorded under Signature P. O. Address 1, 19, 42.
D 600	Received for filing on	3 26 1942	" lijobel Ited	, Registrar.

DELAYED REGISTRATION LAW (1937 Session Laws, Chapter 139, Section 4)

	ICATE OF BIRTH Local Reg. No
Bureau of the Census STAT	TE OF IDAHO Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth)  (a) County (b) City  (c) Street Address or R.F.D. No.  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery:  IN THIS county years months day	(c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? ys 3. RESIDENCE OF FATHER (city, state)
4. FULL NAME OF CHILD Seynthola Claract	5. Date of Birth of Child  (Month, day, year)
6. Sex James 7. Twin or If so—b 1st, 2nd	born 6. No. months
FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME  11. Color or Race Of THIS birth # yr  13. Birthplace	16. FULL MAIDEN LAND E MAME  17. Color  or Race of THIS birth 2 y  19. Birthplace 10 Color of THIS birth 2 y
14. Exact (City or town) (State or foreign country) Occupation 15. Industry or Business	20. Exact Occupation 21. Industry or
	orum
	th and including this child
ATTENDA	
ATTENDA	ANT'S CERTIFICATE
	nis child, who wasat
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particle related to this child as	nis child, who was
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particle related to this child as (Mother, etc.)  25. Attendant's M.I.	nis child, who was
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal partice related to this child as (Mother, etc.)  25. Attendant's M.I. (Mother, etc.)  State of M.I. (Mother, etc.)	nis child, who was
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal partice related to this child as (Mother, etc.)  25. Attendant's M.I. OWN signature Mid-	nis child, who wasatM. on the disconsistency atM. on the disconsistency at, who iculars were furnished by, who, who, who
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal partic related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's M.I. (Mother, etc.)  State of M.I. (State of Mides)  State of M.I. (State of Mides)  State of M.I. (State of Mides)  State of M.I. (Mother, etc.)	culars were furnished by
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal partice related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's M.I. (Mother, etc.)  State of State of M.I. (Mother, etc.)  State of M.I. (	AFFIDAVIT to be completed when the attendant does not sin Item 25.  In the (Mother, etc.)  Ge, that I have known this person for years, and the distribution of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years, and the control of the person whose name appears that I have known this person for years the years that I have known this person for years the years that I have known this person for years the years that I have known this person for years the years that I have known this years the years that I have known the years that I have known this years that I have known the years that I have known the years the years that I have known the years that I have known the year
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal partic related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  State of (Mother, etc.)  (I as in a mother of the personal partic related to the best of property of the facts on the certificate above are true to the best of property of the partic related to the best of property of the partic related to the best of property of the partic related to the best of property of the partic related to the best of property of the partic related to the best of property of the partic related to the best of property of the partic related to the best of property of the partic related to t	AFFIDAVIT to be completed when the attendant does not si in Item 25.  In the (Mother, etc.)  Ge, that I have known this person for years, and the dethis birth when the attendant does not si in Item 25.  I further state the dethis birth when the attendant does not si in Item 25.  I further state the dethis birth when the desire to have this birth recorded under the dethis birth recorded under the dethis birth recorded under the desire to have this birth recorded under the desire to have the desire the desire to have the desire the desire to have the desire the
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24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal partice related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  State of (Mother, etc.)  Stat	is child, who wasatM. on the deceased of Cannot be located of the person whose name apperate this birth (Is now deceased) or (Cannot be located) for the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have this birth recorded under the person whose name apperate that I desire to have the person whose name apperate that I desire to have the person whose name apperate that I desire to have the person whose name apperate that I desire to have the person whose name apperate that I desire to have the person whose name apperate that I desire to have the person that I desire the person that I desire the person that I d

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	CERTIFIC	as of date of birth of THIS child) ATE OF BIRTH OF IDAHO	State File No Local Reg. No Reg. Dist. No
(c) Street Address or R.F. (d) Name of Hospital or M none (e) Mother's stay REFORE (	(b) Cityrural D. No	(c) City Rural, Mea (d) Street Address or R.I (e) How long has MOTHI 3. RESIDENCE OF FATHER (c)	(b) County Mez Perce r. Forest
4. FULL NAME Walter II	arrison Lemons	5. Date of Bi	rth of Child ay, year)
6. Sex male 7. Twi	n or If so—box	rn 8. No. months 3rd of Pregnacy	
10. FULL NAME Thomas Frank  11. Color or Race White  13. Birthplace Richland (City or town)  14. Exact Occupation farmer  15. Industry or	OF CHILD  lin Lenons  12. Age at time of THIS birth 2.3 yrs. Lio (State or foreign country)	16. FULL MAIDEN NAME. Elva O'Dell 17. Color or Racewhite 19. BirthplaceRichland (City or town) 20. Exact Occupationhou 21. Industry or	18. Age at time of THIS birth 16 (State or foreign country sewife
	The state of the s	um	
24. I HEREBY CERTIFY Th	ATTENDAN at I attended the birth of this	and including this child (b)  IT'S CERTIFICATE  child, who was	M. on the
24. I HEREBY CERTIFY Th	ATTENDAN at I attended the birth of this	and including this child (b)  IT'S CERTIFICATE  child, who was	M. on the
24. I HEREBY CERTIFY The and at the place stated all related to this child as	at I attended the birth of this bove, and that personal particum (Mother, etc.)  M.D. Midw	and including this child (b)  IT'S CERTIFICATE  child, who was	
24. I HEREBY CERTIFY The and at the place stated all related to this child as	ATTENDAN  at I attended the birth of this bove, and that personal particu  (Mother, etc.)  M.D.  Midw  Ss.  First duly sworn, say that I am  www	and including this child (b)  IT'S CERTIFICATE  child, who was	Date  Date

MAR 1 & 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	as of date of birth of THIS chil ATE OF BIRTH OF IDAHO	tocal Reg. No
1. PLACE OF BIRTH (All items at time of this birth)  (a) CountyCanyon(b) CityNampa  (c) Street Address or R.F.D. NoR.F.D.  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: IN THIS county 30 years months days	(a) State Idaho. (c) City Nampa (d) Street Address or (e) How long has MOI 3. RESIDENCE OF FATHER	MOTHER (At time of this birth)  (b) CountyCanyon  R.F.D. No. R.F.D.  HER lived in Idaho? 50 yr (city, state) Nampa. Idah
4. FULL NAME OF CHILD PERRY NEWTON Orr	5. Date of	Birth of Child /7/1891 day, year) 9/7/1891
7. Twin or If so—bot	rn 8. No. months	9 9. Legitimate? yes
FATHER OF CHILD  10. FULL NAME JOAN H. Orr  11. Color or Race White of THIS birth 60 yrs.  13. Birthplace Jacksonville, Arkansas (City or town) (State or foreign country)  14. Exact Occupation deceased 15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonator  23. Number of children of this mother: (a) At time of birth	16. FULL MAIDEN NAME Elizal 17. Color or Race White or Race White 19. Birthplace Perryy 20. Exact Occupation de 21. Industry or Business	(State or foreign country)
24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particu related to this child as(Mother, etc.)	child, who was(Born alive, stillborn tlars were furnished by(First	)
24. I HEREBY CERTIFY That I attended the birth of this  and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's M.D. OWN signature Midw	child, who was(Born alive, stillborn tlars were furnished by(First	, who
24. I HEREBY CERTIFY That I attended the birth of this  and at the place stated above, and that personal particular related to this child as	child, who was	Date  Date  When the attendant does not signature in the person whose name appears, and the interest in the person whose name appears, and the interest in the person whose name appears, and the interest in the person whose name appears, and the interest in the person whose name appears, and the interest in the person whose name appears in the person whose name
24. I HEREBY CERTIFY That I attended the birth of this  and at the place stated above, and that personal particular related to this child as	child, who was	Date  Date  When the attendant does not signed in the person whose name appear for 30

THE A P list

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

1599 221026 (Be sure the information is as	335943			
United States 753 (Be sure the information is as	of de Fof birth of THIS child) State File No			
Department of Commerce  Department of Commerce  STATE O				
1. PLACE OF BIRTH (All items at time of this birth)  (a) CountyJefferson (b) CityHighy  (c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho			
	(d) Street Address or R.F.D. No			
(e) Mother's stay BEFORE delivery: IN THIS county years months days	(e) How long has MOTHER lived in Idaho?yrs.  3. RESIDENCE OF FATHER (city, state)			
4. FULL NAME OF CHILD Leila Bell Wright 5. Date of Birth of Child (Month, day, year) Nov.21,189				
6. Sex Female 7. Twin or 1. If so—born 1. 1. 1. 2. 1. 3. 1.	8. No. months			
FATHER OF CHILD	MOTHER OF CHILD			
10. FULL NAME Edwin Wright	16. FULL MAIDEN NAME AGNES PETERSEN			
11. Color or Race	17. Color 18. Age at time or Race. White of THIS birth 30. yrs.  19. Birthplace. Norway, Sassace. (City or town) (State or foreign country)			
14. Exact Occupation Farmer	Occupation Housewife			
15. Industry or Business Own Larm	21. Industry or Business In own home			
22. Name prophylastic with to prevent Ophthalmia Neonatorum				
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living.4				
ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date				

and at the place stated above, and that personal particulars were furnished by.....

I, the undersigned, being first duly sworn, say that I am the...........S.1S.t.er.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9

M.D. Midwife

the midwlfe (name unknown), who attended this birth is now deceased....... I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under

Address

59 (Mother, etc.) Irom infancy spears of age, that I have known this person for years, and that

Date

Salmon, Idaho P. O. Address

Notary Public, residing at Salmon, Idaho.....

of the person whose name appears

AFFIDAVIT to be completed when the attendant does not sign

related to this child as.....

State of Idaho
County of Iemhi

Subscribed and sworn to before me

in Item 4, above, that I am now.....

Chapter 139, 1937 Session Laws.

(SEAL)

Received for filing on....MAR.

25. Attendant's

OWN signature

( Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope to State Bureau of Vital Statisfics, Boisé, Idaho, for filing. No charge for filing. Each certified



(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case failure to report any birth which has occurred subsequent to subseque

1. PLACE OF BIRTH (All items at time of this birth) (a) County_KOOTRA1 (b) City_HOPE (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county 1 years — months — days  4. FULL NAME OF CHILD 7. Twin or If so—born of FATHER (city, state)  FATHER OF CHILD 10. FULL NAME Arthur Erwin Capener 11. Color This birth 23 yrs. 13. Birthplace Baraboo, Wisconsin 14. Exact City or town) (State or foreign country) Coccupation Dentist Coccupation Dentist 15. Industry or Business  16. Business  17. Twin or If so—born and the proper of this birth 26. This birth 27. This birth 28. No. months of Pregnacy 9 MOSD. Legitimate? 19. Birthplace MOITS, of THIS birth 28. Industry or Business  18. Birthplace Baraboo, Wisconsin 19. Birthplace MOITS, of THIS birth 28. Industry or Business  20. Exact City or town) (State or foreign country) 10. Business  21. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living ATTENDANT'S CERTIFICATE  22. I HEREBY CERTIFY That I attended the birth of this child, who was Morther (At time of this birth (a) State. Idaho. (b) County. Kooti (a) State. Idaho. (b) County. Kooti (c) City HODE.  (d) Street Address or R.F.D. No.  (e) How long has MOTHER (city, state)  3. RESIDENCE OF FATHER (city, state)  4. FULL NAME (Month, day, year). 7-//-/8  5. Date of Birth of Child (Month, day, year). 7-//-/8  5. Date of Birth of Child (Month, day, year). 7-//-/8  6. Sex Male There of CHILD  16. FULL MAIDEN NAME (City state)  17. Color NAME (City of town) (State or foreign country)  18. Residence of FATHER (city, state)  19. Birthplace (City of town) (State or foreign country)  19. Birthplace (City of town) (State or foreign country)  20. Exact (City of town) (State or foreign country	1	3)7 // O28 76 4 United States (Be sure the information is as of Department of Commerce CERTIFICATION STATE OF COMMERCE STATE STATE OF COMMERCE STATE S	E OF BIRTH	State File No		
NAME Arthur Erwin Capener  11. Color or Race Chite of THIS birth 23 yrs.  13. Birthplace Baraboo, Wisconsin 19. Birthplace Moirs, of THIS birth 26. Occupation Dentist 15. Industry or Business  14. Exact (City or town) (State or foreign country) (City or town) (State or foreign country)  15. Industry or Business  16. Industry or Business  16. Industry or Business  17. Color White 18. Age at time or Race White 19. Birthplace Moirs, of THIS birth 26. Occupation Housewife  18. Age at time of THIS birth 26. Occupation (City or town) (State or foreign country)  19. Birthplace Moirs, of THIS birth 26. Occupation Housewife  19. Birthplace Housewife  10. Exact Occupation Housewife  11. Industry or Business  12. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living ATTENDANT'S CERTIFICATE  18. Industry or Business  18. ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  18. Address  19. Birthplace Moirs, of THIS birth 26. Occupation (City or town) (State or foreign country of December 19. Birthplace Moirs, of THIS birth 28. Occupation (City or town) (State or foreign country of December 19. Birthplace Moirs, of THIS birth 28. Occupation (City or town) (State or foreign country of December 19. Birthplace Moirs, of THIS birth 28. Occupation (City or town) (City or town) (City or town) (State or foreign country of December 19. Birthplace Moirs, of THIS birth 28. Occupation (City or town) (City or town	E-G	(a) County KOOTNAI (b) City HOPE (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery:	(a) State	(b) County Kootnai  D. No		
NAME Arthur Erwin Capener  11. Color or Race. White 12. Age at time or Race. White 18. Age at time or Race. White 19. Birthplace. Baraboo, wisconsin 19. Birthplace. Moirs, of THIS birth 26. Occupation Dentist 15. Industry or Business  15. Industry or Business  16. Industry or Business  17. Color White 18. Age at time or Race. White 19. Birthplace. Moirs, of THIS birth 26. Occupation Cocupation Dentist 15. Industry or Business  18. Name prophylactic used to prevent Ophthalmia Neonatorum  18. Name Moirs of THIS birth 26. Occupation Housewife 19. Birthplace. Housewife 19. Birthplace Moirs, of THIS birth 26. Occupation Cocupation Housewife 19. Birthplace Moirs, of THIS birth 26. Occupation Housewife 19. Birthplace Moirs, of THIS birth 26. Occupation Housewife 19. Birthplace Moirs, of THIS birth 26. Occupation Housewife 19. Birthplace Moirs, of THIS birth 26. Occupation Housewife 19. Birthplace Moirs, of THIS birth 26. Occupation Housewife 19. Birthplace Moirs, of THIS birth 26. Occupation Housewife 19. Birthplace Moirs, of THIS birth 26. Occupation Housewife 19. Birthplace Moirs, of THIS birth 26. Occupation Housewife 19. Birthplace Moirs, of THIS birth 26. Occupation Housewife 19. Birthplace Moirs, of THIS birth 26. Occupation Housewife 21. Industry or Business 22. Name prophylactic used to prevent Ophthalma Neonatorum (City or two) (City or	COMPLE to charge	of CHILD ROBERT HOWARD CADENER	8 No months			
and at the place stated above, and that personal particulars were furnished by related to this child as (Mother, etc.)  25. Attendant's M.D. Midwife Address Date  State of Wisconsin County of Balton Ss.  I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name a in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, an Robert MCAlphine who attended this birth 18 now deceased. I further state of the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded Chapter 139, 1937 Session Laws.	iting this certificate. Mail Boise, Idaho, for filing.	FATHER OF CHILD  10. FULL NAME Arthur Erwin Capener  11. Color of THIS birth 23. yrs.  13. Birthplace Baraboo, Wisconsin  (City or town) (State or foreign country)  14. Exact Occupation Dentist  15. Industry or Business	16. FULL MAIDEN NAME. Florer 17. Color or Race. White 19. Birthplace. Moira, (City or town) Cocupation Hourseless	of CHILD  ice Lucelia Young  18. Age at time of THIS birth, 26 yrs.  New York  (State or foreign country)  asewife		
25. Attendant's  OWN signature  State of Wisconsin County of Ballon    I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  In Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, an Robert (Ast name)  (First name) (Last name) (Last name)  (Chapter 139, 1937 Session Laws.  (Mother, etc.)  (Mother, etc.)  (Mother, etc.)  (Mother, etc.)  (Mother, etc.)  (Is now deceased) or (Cannot be located)  (Chapter 139, 1937 Session Laws.	r ribbon in comp f Vital Statistics money order or	23. Number of children of this mother: (a) At time of birth and including this child				
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name a in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, an Robert McAlphine , who attended this birth 18 now deceased. I further state (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded Chapter 139, 1937 Session Laws.	pewrife ureau o 7 cents,	25. Attendant's M.D.  OWN signature Midwife	Address	Date		
Subscribed and sworn to before me this 6th day of March 19.43  (SEAL) Notary Public, residing at Chetek, Wisc  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	CK Ink or BLACK Recor F-CLASS postage to Stat an advance payment of					

(1937 Session Laws, Chapter 139, Section 4)

693-220 016-619 State File No. 336437 United States (Be sure the information is as of date of birth of THIS child) Department of Commerce Local Reg. No..... CERTIFICATE OF BIRTH Reg. Dist. No..... Bureau of the Census STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Cassia (b) City basin (a) State Jako (b) County Cassia (c) Street Address or R.F.D. No. (c) City Basin (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No.../ (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho?..... days 3. RESIDENCE OF FATHER (city, state) Broadsord Idahe months IN THIS county / years 5. Date of Birth of Child (Month, day, year) march 20 4. FULL NAME Emma Elisabeth Willems 7. Twin or If so-born 8. No. months 6. Sex Triplet 1st, 2nd, 3rd of Pregnacy 9. Legitimate? Il FATHER OF CHILD MOTHER OF CHILD . William Thomas Williams 16. FULL MAIDEN NAME Mary Arleta Fairch Color White 12. Age at time 17. Color 18. Age at time or Race WWW of THIS birth 24 yrs.

13. Birthplace COPNWAL England of THIS birth 44 yrs or Race..... 19. Birthplace Frantsmile Utah (State or foreign country) 14. Exact 20. Exact Occupation MINEVNousewife Occupation ..... 15. Industry or 21. Industry or Business Business ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by......, who is related to this child as (Mother, etc.) M.D. 25. Attendant's Midwife Address **OWN** signature AFFIDAVIT to be completed when the attendant does not sign County of Cazata in Item 25. ......of the person whose name appears (Mother, etc.) (Last name) (Last name) (Last name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. EMAMA MIS MOSIL Signature P. O. Address Subscribed and sworn to before me this. Notary Public, residing at (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary bu vic in and for the State of Idaha Received for filing on Region in (a) ev. Cassis. County, Ideno by

May Countission expires Jan. 6, 1945

MARIE

(1937 Session Laws, Chapter 139, Section 4)

	256/31 030-268	MAR 10 1942
certifi- charge	United States (Be sure the information is as	
ha		of date of birth of THIS child) E OF BIRTH  State File No. 336494  Local Reg. No. 336494
00	-	F IDAHO Reg. Dist. No
COMPLETED , for filing. No	1. PLACE OF BIRTH	
i s	(a) County LEMHI (b) City SALMON	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) StateIDAHO (b) County LEMHI
걸댺	(c) Street Address or R.F.D. No.	(c) City SALMON (b) County
¥.	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No.
Ŏã.		(e) How long has MOTHER lived in Idaho? 21 yrs.
0 d	(e) Mother's stay <b>BEFORE</b> delivery:	
결절형	In Hosp. or Mat. Homedays. IN THIS county 21 years month days	(f) Mother's mailing addressSALMONIDAHO
NO P	4. FULL NAME	
in completing this certificate. Mail Cureau of Vital Statistics, Boise, Idaho, t of fifty cents, money order or coin.	OF CHILD HAROLD ISIAH SNODGRASS	5. Date of Birth (Month, day year) <b>BEC. 31, 1891</b>
2 Sign	7 Marin on Te Laure	
# . 8	6. Sex male Triplet no 1st, 2nd, 3rd	of Pregnancy 9 9. Legitimate? <b>yes</b>
1.00 ×	FATHER OF CHILD	MOTHER OF CHILD
is Fist	10. FULL CHARLES A. SNODGRASS	16. FULL MAIDEN NAME ANNA MAY BOHANNON
4 4 4	aa maa	17 Color 18 Age at time
25. <sup>22</sup> \$\$	or Race WHITE 12. Age at time of THIS birth 26 yrs.	17. Color 18. Age at time or Race WHITE of THIS birth 26 yrs.
4 4 4	13 Birthplace DUBUQUE IOWA	19. Birthplace DUBUQUE IOWA
	(City or town) (State or foreign country)	(City or town) (State or foreign country)
	14. Exact Occupation FARMER	20. Exact Occupation HOUSEWIFE
agu f	15. Industry or	21. Industry or
	Business	Business
rd iypewriter ribbon S postage to State B: an advance paymen	22. Name prophylactic used to prevent Ophthalmia Neonator 23. Number of children of this mother: (a) At time of birth an (c) Born alive and now dead 0 (d) Stillborn 0	um Qd including this child5 (b) Born alive and now living 5
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24. I HEREBY CERTIFY That I attended the birth of this ch	ild, who was
当ちる	and at the place stated above and that personal particular	ild, who wasatM. on the dates were furnished by, who is, (Last name)
<b>E B E</b>	related to this child as	(First name) (Last name)
2 1 2	related to this child as (Mother to.)  26. (a) (Date received) (Registrar's signature)	
# 8 B	(Date received) (Registrar's signature)	25. Attendant's OWN signature
SSS	27. Given name added on	(D.O.,Midwife,etc.)
ii Age	(Registrar's signature)	and address Date
BLACK Record : FIRST-CLASS p	State of IDAHO	AFFIDAVIT To be completed when the attendant at birth is
	State of IDAHO County of LEMHI ss.	NOT LIVING or CANNOT BE LOCATED
E PA		duly sworn, say that I am RELATED TP
ar 8		(Related to (or) acquainted with)
병망성	HAROLD ISIAH SNODGRASS (Name of person on certificate above)	AUNT (Related to (or) acquainted with)  (State relationship or acquaintance) whose birth certificate
lnk beariu ertifie	appears above, and that I desire to have the said birth record	ed under Chapter 139, 1937 Session Laws: and that the facts
	appears above, and that I desire to have the said birth record contained therein are true to the best of my knowledge. I fur	ther state that ELIZA JANE BOHANNON , who attended
15 8 G	TO MAKE THAT A CONT.	(Name of attendant at birth) this birth has not been previously recorded.
4 9 2 E	(Is now deceased (or) cannot be located)	10 Rel
M A		Salvov TDAHO Signature
e only BLACK   te in envelope be filling. Each cer	Cub 20-3 - 3 - 4 L-4 - 4 - 24+h	P. O. Address v of FEBRUARY 19 42
2.4.9	Subscribed and sworn to before me on this	y of FEBRUARY 19 42  Notary Public, residing at SALMON, IDAHO
Use cate for f	DEATH.	
2044		

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

51

Department of Commerce	CERTIFICATE O	F BIRTH	State File N33660 Local Reg. No
Bureau of the Census	STATE OF I	DAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of (a) County. Alturas (b) City. (c) Street Address or R.F.D. No	Bellevue	(a) State Idaho (c) City Bellevue (d) Street Address or R (e) How long has MOTH	other (At time of this birth (b) County Alturas  F.D. No
A FILL MANAE			
of CHILD Bardie Esther  7. Twin or 6. Sex Female Triplet	Carpenter  If so—born  1st, 2nd, 3rd	8. No. months of Pregnacy	Sirth of Child day, year) January 17, 10 9. Legitimate? yes
FATHER OF CHILD	ist, Zilu, Siu		R OF CHILD
10. FULL NAME OSCAP Monroe Cs 11. Color 12. Age at 1 or Race	ime 1 birth25yrs.	6. FULL MAIDEN Ada NAME Ada 7. Color Walt	Rebecca Skyles  18. Age at time 20  of THIS birth 20  Missouri
13. BirthplaceTroyAlat 14. Exact OccupationMiner	e or foreign country)	(City or tow	(State or foreign country
22. Name prophylactic used to prevent Opl	hthalmia Neonatorum		
23. Number of children of this mother: (a	) At time of birth and in	cluding this child (b	Born alive and now living
	ATTENDANT'S CE	DTIELCATE	
24. I HEREBY CERTIFY That I attended		who was(Born alive, stillborn)	
and at the place stated above, and the	it personal particulars w	who was(Born alive, stillborn)	, wh
and at the place stated above, and the related to this child as	at personal particulars w	who was	, wh
and at the place stated above, and the related to this child as	r, etc.) M.D. Midwife	who was	Date Then the attendant does not stem 25.
and at the place stated above, and the related to this child as	mat personal particulars was more more more more more more more more	(Born alive, stillborn) ere furnished by	Date  Then the attendant does not stem 25.  If the person whose name appeor
and at the place stated above, and the related to this child as.  25. Attendant's  OWN signature  State of	M.D. Midwife  AFF  orn, say that I am the  years of age, that I, who attended this bit to the best of my know	Mho was (Born alive, stillborn) ere furnished by (First n  Address  IDAVIT to be completed win I  (Mother, etc.) have known this person forth 1	Date  Date  Then the attendant does not stem 25.  If the person whose name appears, and the state of the located of the locate
and at the place stated above, and the related to this child as	M.D. Midwife  SS. AFF  orn, say that I am the	(Born alive, stillborn) ere furnished by	Date  Then the attendant does not stem 25.  If the person whose name appeor

(1937 Session Laws, Chapter 139, Section 4)

United State 17 023 3/3 United State 17 023 3/3 Department of Commerce 942 Bureau of the Census  (Be sure the information is as a CERTIFICATION STATE OF	E OF BIRTH F IDAHO	State File No33680.7. Local Reg. No
1. PLACE OF BIRTH (All items at time of this birth)  (a) County	(c) City	THER (At time of this birth) (b) County
6. Sex Male 7. Twin or If so—born 1st, 2nd, 3rd	8. No. months	9. Legitimate? Yes
FATHER OF CHILD  10. FULL NAME James Eli Martin  11. Color or Race	16. FULL MAIDEN NAME	Ounty Ohio (State or foreign country)
22. Name prophylactic used to prevent Ophthalmia Neonatorum	a in abusing this shift & (b) I	Pom alivo and now living h
23. Number of children of this mother: (a) At time of birth an	d including this child (b) I	Born anve and now nving
24. I HEREBY CERTIFY That I attended the birth of this ch	ild, who wasat. (Born alive, stillborn)	M. on the dat
and at the place stated above, and that personal particular related to this child as	·	(Last name)  Date
State of Idaho Ss.		m 25.
I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now	at I have known this person for is birth	
(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec.	Notary Public, residing	at Boise, Idaho
Received for filing on MAR 2 1 1942		Registra

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	CERTIFICAT STATE C	of date of birth of THIS child) E OF BIRTH OF IDAHO	Local Reg. NoReg. Dist. No
(c) Street Address or R.F.D. (d) Name of Hospital or Mat  (e) Mother's stay BEFORE del  IN THIS county 3 ye  4. FULL NAME OF CHILD	(b) City Randle No.	(a) State (c) City (d) Street Address or R.  (e) How long has MOTH 3. RESIDENCE OF FATHER (d) 5. Date of E (Month, so the solution of Pregnacy (Moth) 16. FULL MAIDEN C (City or Race (City or town of	ger lived in Idaho? yrcity, state) Renduck Je firth of Child day, year) Jan 17 - 18 9  9. Legitimate? yes ROF CHILD 18. Age at time of THIS birth 2 yr (Sjate or foreign country)
23. Number of children of this n	revent Opnthalmia Neonatorum nother: (a) At time of birth ar	nd including this child 0 (b)	Born alive and now living
24. I HEREBY CERTIFY That and at the place stated above related to this child as	I attended the birth of this che, and that personal particular (Mother, etc.)	CERTIFICATE	t
25. Attendant's OWN signature	M.D. Midwife	e Address	Date
State of Washingt County of Jacks and		in I	then the attendant does not sig tem 25. If the person whose name appear
in Item 4, above, that I am now. To Physician in a	7.3 vears of age. th	at I have known this person for	or all his y sears, and the
the facts on the certificate above Chapter 139, 1987 Session Laws.	e are true to the best of my k	mowledge, and that I desire to	have this birth recorded under
——————————————————————————————————————	ore me this 9 day of		P. O. Addres
	migred mathe	Notary Public, residin 17-914, Idaho Code Annotated.	g at Spekane wash

(1937 Session Laws, Chapter 139, Section 4)

Dep	partment of Commerce C	tion is as of date of ERTIFICATE OF BIRT STATE OF IDAHO	••
1. P (( ()	PLACE OF BIRTH (All items at time of this birth)  (a) County	2. USU (a) (c) (d) (e)	AL RESIDENCE OF MOTHER (At time of this birth) State Idaho (b) County Washington City Salubria-now Cambridge Street Address or R.F.D. No
6. S		lis so-born t, 2nd, 3rd lst	5. Date of Birth of Child (Month, day, year)29 Mar 1891  8. No. months of Pregnacy Reg 9. Legitimate? Yes
11. 13. 14.	NAME Alonzo D. Hollis Color Wh. 12. Age at time of THIS birth 31 Birthplace California (City or town) (State or foreign con Cocupation Photographer Industry or Business	yrs. or l	Race Wh of THIS birth 19 yr thplace Nebraska (City or town) (State or foreign country)
22.	Name prophylactic used to prevent Ophthalmia N	eonatorum	
23. 24.	I HEREBY CERTIFY That I attended the birth	f birth and including ENDANT'S CERTIFIC of this child, who w	athis child
23. 24. 25.	Number of children of this mother: (a) At time of ATI I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as (Mother, etc.) Attendant's	of birth and including ENDANT'S CERTIFIC of this child, who w particulars were fur	as
23. 24. 25. Stat	Number of children of this mother: (a) At time of ATI  I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as.  (Mother, etc.)  Attendant's OWN signature  te of	of birth and including ENDANT'S CERTIFIC of this child, who w particulars were fur M.D. Dr. Re Midwife Addres  AFFIDAVIT	asatM. on the dawho, who, who eynolds deceased sat, bate, to be completed when the attendant does not significant deceased in Item 25.
23. 24. 25. Stat Cou	Number of children of this mother: (a) At time of ATT I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as.  Attendant's (Mother, etc.)  Attendant's (Mother, etc.)  Attendant's (Mother, etc.)  I daho (Sesie) (Sesie) (Sesie) (Sesie) (Sesie) (Last name) (Last name) (Last name) (Last name) (Last name)	of birth and including ENDANT'S CERTIFIC of this child, who w particulars were fur M.D. Dr. Re Midwife Addres  AFFIDAVII  It I am the	asatM. on the daM on the da

(1937 Session Laws, Chapter 139, Section 4)

533-/03-040-262 United States Department of Commerce Bureau of the Census	Be sure the information is as o CERTIFICATE STATE OF	OF BIRTH	State File No
1. PLACE OF BIRDY (All items at (a) County Daganam (C) (c) Street Address or R.F.D. N (d) Name of Hospital or Mater	b) Cityallace	(c) City <u>Malla</u>	HER (At time of this birth) (b) County
(e) Mother's stay BEFORE deliving IN THIS county year		(e) How long has MOTHER 3. RESIDENCE OF FATHER (city	lived in Idaho?yrs y, state) Wallace
4. FULL NAME OLSSE OF			h of Child sp. 3, 18
6. Sex Mall 7. Twin ex-	If so—born 1st, 2nd, 3rd	of Pregnacy	9. Legitimate? Us
10. FULL NAME 11. Color or Race White 13. Birthplace mean Color Occupation 14. Exact Occupation 15. Industry or Business	Age at time of THIS birth	16. FULL MAIDEN MOTHER  NAME CAUSA  17. Color or Race (City or town)  20. Exact Occupation Cuty  21. Industry or Business	18. Age at time of THIS birth 35 yrs
22. Name prophylactic used to pre 23. Number of children of this mo	-		
C C COMMENT OF COMMENT OF COMMENT	ATTENDANT'S		
24. I HEREBY CERTIFY That I			M. on the dat
and at the place stated above related to this child as		were furnished by(First name	(Last name) who i
25. Attendant's OWN signature	(Mother, etc.) M.D. Midwife	Address	Date
State of State of County of State		AFFIDAVIT to be completed when in Item	
	duly sworn, say that I am the.		ne person whose name appear
in Item 4, above, that I am now		t I have known this person for	
/ (Firsyname) (	Last name)	(Is now deceased) or (Cannot be	e located)
the facts on the certificate above Chapter 139, 1937 Session Laws.	are true to the best of my kn	lowledge, and that I desire to h	ave this birth recorded und
			P. O. Addre
Subscribed and sworn to be for		Maul	, 19/2
	as a felony in Idaho; see Sec. 1		· · · · · · · · · · · · · · · · · · ·
Received for filing on	MAR 14 1912	y light a blage	, Registra

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sure the infer	mation is as of date of birth of THIS child)	State File No.
Department of Commerce Bureau of the Census	CERTIFICATE OF BIRTH STATE OF IDAHO	Local Reg. No Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth  (a) County (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:	2. USUAL RESIDENCE OF M  (a) State Address or R.  (d) Street Address or R.	OTHER (At time of this bir (b) County Jacob F.D. For
(e) Mother's stay BEFORE delivery: IN THIS county years months	days 3. RESIDENCE OF FATHER (	
4. FULL NAME Harry A. West	(Month,	Birth of Child Copie 2 day, year)
6. Sex <b>Boy</b> 7. Twin or Triplet	If so-born 8. No. months 1st, 2nd, 3rd of Pregnacy	9 9. Legitimate?
10. FULL Ellis A. Nust 11. Color 12. Age at time	16. FULL MAIDEN MANY	R OF CHILD Urola Keene 18. Age at time
11. Color or Race 12. Age at time of THIS birth 13. Birthplace (City or town) (State or foreign	7.0. yrs. or Race White 19. Birthplace Qane	of THIS birth 2
14. Exact Occupation 15.	20. Exact Occupation June 21. Industry or	•
The second secon	A BOOK OF THE BUILDING BEING A CO.	h Berta was a said popy for his
24. I HEREBY CERTIFY That I attended the bir and at the place stated above, and that person related to this child as(Mother, etc.)	th of this child, who was (Born alive, stillborn) hal particulars were furnished by (First ne	itM. on th
24. I HEREBY CERTIFY That I attended the bir and at the place stated above, and that person related to this child as	th of this child, who was	itM. on th
24. I HEREBY CERTIFY That I attended the bir and at the place stated above, and that person related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of	th of this child, who was	nt
24. I HEREBY CERTIFY That I attended the bir and at the place stated above, and that person related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of	th of this child, who was (Born alive, stillborn) nal particulars were furnished by (First new M.D. Midwife Address  AFFIDAVIT to be completed with in Its that I am the Market M	Date Then the attendant does notem 25.  It the person whose name approximation of the person of
24. I HEREBY CERTIFY That I attended the bir and at the place stated above, and that person related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of	th of this child, who was (Born alive, stillborn)  M.D. Midwife Address  AFFIDAVIT to be completed win In that I am the (Mother, etc.)  ars of age, that I have known this person for the complete of the comp	Date Then the attendant does notem 25. If the person whose name apor years, and years, years, and years, years
24. I HEREBY CERTIFY That I attended the bir and at the place stated above, and that person related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of	th of this child, who was (Born alive, stillborn)  all particulars were furnished by (First new M.D. Midwife Address  AFFIDAVIT to be completed with in It (Mother, etc.)  ars of age, that I have known this person for attended this birth (Is now deceased) or (Cannot in It (Is now deceased) or (Cannot in It	Date Then the attendant does not tem 25. If the person whose name aporton years, and the located to have this birth recorded wast. Sign
24. I HEREBY CERTIFY That I attended the bir and at the place stated above, and that person related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of	th of this child, who was (Born alive, stillborn)  all particulars were furnished by (First new M.D. Midwife Address  AFFIDAVIT to be completed with in It is that I am the (Mother, etc.)  ars of age, that I have known this person for attended this birth (Is now deceased) or (Cannot best of my knowledge, and that I desire to the standard of the stan	Date Then the attendant does notem 25. If the person whose name aporton years, and the located on have this birth recorded  Must Sign
24. I HEREBY CERTIFY That I attended the bir and at the place stated above, and that person related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of State of Ss.  I, the undersigned, being first duly sworn, say to in Item 4, above, that I am now yes (First name) (Last name) the facts on the certificate above are true to the I Chapter 139, 1937. Session Laws.	th of this child, who was (Born alive, stillborn)  all particulars were furnished by (First new M.D. Midwife Address  AFFIDAVIT to be completed with in It is that I am the (Mother, etc.)  ars of age, that I have known this person for attended this birth (Is now deceased) or (Cannot best of my knowledge, and that I desire to the standard of the stan	Date  (Last name)  Date  Then the attendant does not tem 25.  If the person whose name are on years, and to be located)  on have this birth recorded

MAR 2 3 1942

udeb el

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231/23 025-366 United States (Be sure the information is as	336922
Department of Commerce	s of date of birth of THIS child) State File No
	OF TRAPO NAD 17 1942
1. PLACE OF BIETH: (a) County Stand (b) City Trangentle	2. USUAL RESIDENCE of MOTHER: (At time of this birti (a) State Saaho (b) County Saho
(c) Street Address or R.F.D. No	(c) City Grangenille
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Homedays.	(d) Street Address or R.F.D. No.  (e) How long has MOTHER lived in Idaho?  (f) Mother's mailing address.
In THIS county — years — month days.	3. RESIDENCE of FATHER (city, state) Trangentle
4. FULL NAME SETH Thomas Stantial	5. Date of Birth (Month, day, year) Jan 23_1891
6. Sex Male 7. Twin or If so—born 1st, 2nd, 3rd	d of Pregnancy 9. Legitimate? 48
10. FULL John Dolman Stantial	16. FULL MAIDEN Sophie Laora Cover
11. Color of Race of THIS birth 3/ yrs.	17. Color or Race 18. Age at time of THIS birth 27 yr
13. Birthplace <u>Men Sland</u> <u>Men Jork</u> (City or town) (State or foreign/country)  14. Exact	19. Birthplace Lexington Minn, (City or town) (State or foreign country)
Occupation Muning 15. Industry or Business	20. Exact Occupation / EachEV. 21. Industry or Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and (c) Born alive and now dead (d) Stillborn	d including this child 2 (b) Born alive and now living
24. I HEREBY CERTIFY That I attended the birth of this child	l, who wasatM. on the dat
and at the place stated above, and that personal particulars related to this child as	l, who wasatM. on the datwhere furnished by, who i
26. (a)	25. Attendant's
(Date received) (Registrar's signature)	OWN signature
27. Given ame added on by (Registrar's signature)	and address Date
State of Country of Country of State of	AFFIDAVIT To be completed when the attendant at birth i NOT LIVING or CANNOT BE LOCATED.
1 Mus John D. Snantial, being firs	t duly sworn, say that I am Worther (Related to (or) acquainted with) , whose bifth certificat
(Name of person on certificate above) (St appears above, and that I desire to have the said birth recorded	ate relationship or acquaintance) under Chapter 139, 1937 Session Laws; and that the facts cor
tained therein are true to the best of my knowledge. I further	(Name of attendant at birth)
said birth (Is now deceased (or) cannot be located)  (Is now deceased (or) cannot be located)	rth has not been previously recorded.  Sohn D. Tanttal Signatur
2455- Brek	hide are, for Angeles Calif P.O. Address
Subscribed and sworn to ke on this day	of Notary Public, residing at Los Acceles, State of California.
Name of person on certificate above) (Stappears above, and that I desire to have the said birth recorded tained therein are true to the best of my knowledge. I further said birth  (Is now deceased (or) cannot be leaded)  Subscribed and sworn to be leaded  My Commission Expire	es April 13 1043

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	Be sure the information CERT	a is as of date of birth of THIS FICATE OF BIRTH ATE OF IDAHO	Schild) State File No. 3.380.1.  Local Reg. No
(e) Mother's stay REFORE d	D. (b) CityWeis D. No  [aternity Home:    lelivery:	(a) StateIdaho (c) CityWei (d) Street Addres (e) How long has	to this birth)  (b) County Washington  ser  sor R.F.D. No
4. FULL NAME OF CHILD		5. Da	te of Birth of Child Ionth, day, year) Jan. 27, 1891
_ 7. Twir	n or If so-	-born 8. No. mor	
11. Color or Race white  13. Birthplace Pappilli  14. Exact (City or town)	d Saling  12. Age at time of THIS birth31 ionNebraska (State or foreign country	17. Color or Race	da May Bain  18. Age at time  18. Age at time  19. Age at time  18. Age at time  19. Age at
24. I HEREBY CERTIFY The	ATTEND at I attended the birth of to pove, and that personal par	CANT'S CERTIFICATE this child, who was(Born alive, st	
24. I HEREBY CERTIFY The and at the place stated ab related to this child as 25. Attendant's	at I attended the birth of toove, and that personal par	CANT'S CERTIFICATE this child, who was(Born alive, st	atM. on the da
24. I HEREBY CERTIFY The and at the place stated ab related to this child as	ATTENE at I attended the birth of toove, and that personal par  (Mother, etc.)  M M	this child, who was(Born alive, state ticulars were furnished by	
24. I HEREBY CERTIFY The and at the place stated ab related to this child as	at I attended the birth of toove, and that personal par  (Mother, etc.)  M M  Ss.  First duly sworn, say that I sw	this child, who was(Born alive, state ticulars were furnished by	atM. on the data to the data t
24. I HEREBY CERTIFY The and at the place stated ab related to this child as	ATTENE at I attended the birth of the pove, and that personal par  (Mother, etc.)  M M  Ss.  Sirst duly sworn, say that I selected the pove are true to the best of the pove are true to the pov	this child, who was	at

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce	e the information is as of date of CERTIFICATE OF BIRT		State File N338.05 Local Reg. No
Bureau of the Census	STATE OF IDAHO		Reg. Dist. No
1. PLACE OF BIRTH (All items at time of (a) County	(a) (b) (c) (c) (d)	State daho	HER (At time of this birt (b) County
(e) Mother's stay BEFORE delivery: IN THIS county 3 years	(e)	How long has MOTHER DENCE OF FATHER (cit	lived in Idaho? 3
4 FILL MANE OF 101 .	elmer Casper	. 5 Date of Birt	
6. Sex Male 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8 No months 4	nl 9. Legitimate?
10. FULL NAME Leter William  11. Color of Leter William  12. Age at of THI  13. Birthplace Signature (Ciff or town)  14. Exact Occupation  15. Industry or Business	time 3 4 17. Col 17. Col or 19. Bir ate or foreign country) 20. Exp	L MAIDEN Magan ME Magan Race Multa thplace (City or town) supation very or	(State or foreign country
22. Name prophylactic used to prevent O	phthalmia Neonatorum		
23. Number of children of this mother: (			orn alive and now living
24. I HEREBY CERTIFY That I attend		as Larn Lineat.	
and at the place stated shove, and the related to this child as(Moth	ier, etc.)	nished by (First name	(Last name)
25. Attendant's OWN signature	M.D. Midwife Addres	V	of M. Castle, W (Last name)  Date
25. Attendant's	M.D. Midwife Addres	s	Date n the attendant does not
25. Attendant's  OWN signature  State of	M.D. Midwife Addres  Ss.  AFFIDAVI  worn, say that I am the	to be completed whe in Item	Date n the attendant does not
25. Attendant's OWN signature  State of County of I, the undersigned, being first duly swin Item 4, above, that I am now I will be facts on the certificate above are true.	M.D. Midwife Addres  Ss.  AFFIDAVI  Worn, say that I am the	to be completed whe in Iten  Mother, etc.) known this person for.  The decased or (Cannot be so now deceased)	Date  n the attendant does not 1 25.  ne person whose name app years, and located)
25. Attendant's  OWN signature  State of County of I, the undersigned, being first duly swin Item 4, above, that I am now 7.	M.D. Midwife Addres  Ss.  AFFIDAVI  Worn, say that I am the	To be completed whe in Item  Therefore, etc.)  Known this person for.  S now deceased) or (Cannot be and that I desire to he	Date  n the attendant does not 25.  ne person whose name approximately years, and years, and located ave this birth recorded to the person whose name approximately years, and years, years, and years, yea
25. Attendant's OWN signature  State of County of Lew I, the undersigned, being first duly sw in Item 4, above, that I am now Cirst name (Last name the facts on the certificate above are truchapter 139, 1937 Session Laws.	M.D. Midwife Addres  Ss. AFFIDAVI  Worn, say that I am the	To be completed whe in Item  Therefore, etc.)  Known this person for.  S now deceased) or (Cannot be and that I desire to he	Date  n the attendant does not a 25.  ne person whose name approximately approximately ave this birth recorded to the control of the control
25. Attendant's OWN signature  State of County of I, the undersigned, being first duly swin Item 4, above, that I am now I will be facts on the certificate above are true.	M.D. Midwife Addres  Ss. AFFIDAVI  Worn, say that I am the	to be completed when in Item  Item  Mother, etc.) known this person for. So now deceased) or (Cannot be and that I desire to be a factorial to the source of	Date  n the attendant does not 25.  ne person whose name approximate 25.  I further state 2 located 2 loca

(1937 Session Laws, Chapter 139, Section 4)

1. PLACE OF BIRTH (All items at time of this birth) (a) County 100/Ena.L (b) City 20/Indrum (c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MOT	
(e) Mother's stay BEFORE delivery: IN THIS county years months days	(a) State 1.0.0	(b) County Kooten.  Lrum  D. No
4. FULL NAME Carroll Burton Robin 6. Sex Male 7. Twin or Triplet 1st, 2nd, 3r	5. Date of Bir (Month, da 8. No. months	th of Child y, year)
FATHER OF CHILD  NAME Amos Dean Robinson  11. Color or Race White of THIS birth 30 yrs.  13. Birthplace long City long (State or foreign country)  14. Exact Occupation CIVI Fn3/neer  15. Industry or Business	16. FULL MADEN NAME 17. Color or Race White 19. Birthplace HORICON Cocupation Cocupation 21. Industry or Business	18. Age at time of THIS birth 2. (A. S. IN.
<ul> <li>22. Name prophylactic used to prevent Ophthalmia Neonatorus</li> <li>23. Number of children of this mother: (a) At time of birth a</li> <li>ATTENDANT</li> <li>24. I HEREBY CERTIFY That I attended the birth of this of</li> </ul>	and including this child3 (b) I	Born alive and now living
and at the place stated above, and that personal particular elated to this child as	(Born alive, stillborn)	
OWN signature Midwing State of WASHINGTON County of Spokane ss.	fe Address  AFFIDAVIT to be completed whe in Iter	
I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now	me mother of t  (Mother, etc.)  that I have known this person for.  his birth is now decease  (Is now deceased) or (Cannot be knowledge, and that I desire to be with the second	he person whose name a 

MAR & 7 JA

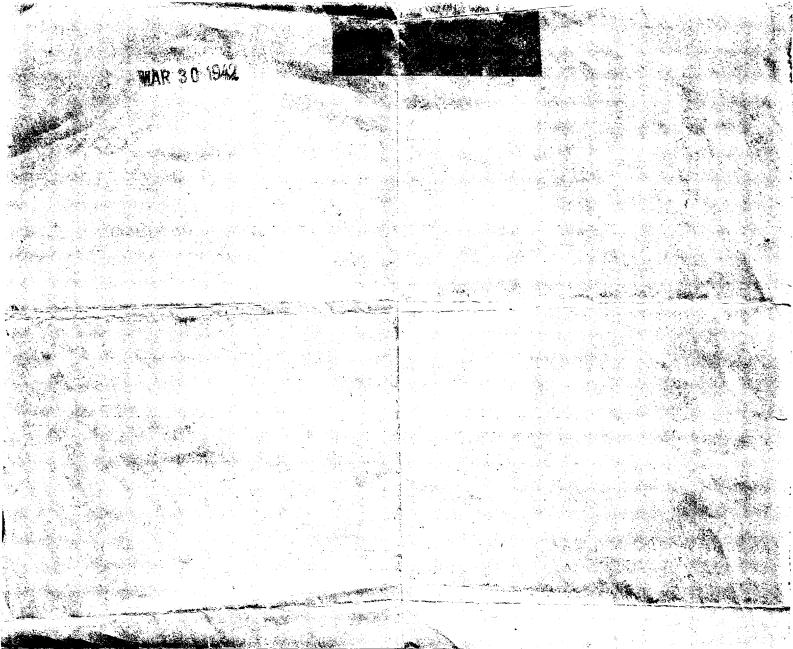
#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce	CERTIFICATE	date of birth of THIS child	) State File No Local Reg. No
Bureau of the Census	STATE OF		Reg. Dist. No
1. PLACE OF BIRTH (All items at time of the control	iontpelier  ne:  nonths 15 days  a  If so—born 1st, 2nd, 3rd  ime birth 40 yrs.  ngland  or foreign country)	(a) StateId.aho	3irth of Child day, year)6-15-1891  9 9. Legitimate? Yes ER OF CHILD
22. Name prophylactic used to prevent Oph	thalmia Neonatorum		
<ul><li>23. Number of children of this mother: (a)</li><li>24. I HEREBY CERTIFY That I attended and at the place stated above, and that related to this child as</li></ul>	At time of birth and  ATTENDANT'S ( the birth of this child t personal particulars	including this child	) Born alive and now living  at
24. I HEREBY CERTIFY That I attended and at the place stated above, and that related to this child as(Mother,  25. Attendant's  OWN signature	At time of birth and  ATTENDANT'S ( the birth of this child t personal particulars  etc.)  M.D.  Midwife	including this child	Born alive and now living  at
24. I HEREBY CERTIFY That I attended and at the place stated above, and that related to this child as (Mother, 25. Attendant's OWN signature  State of State	At time of birth and  ATTENDANT'S ( the birth of this child t personal particulars  etc.)  M.D.  Midwife  s.  Alternative and the second particulars  manual second particulars  Alternative and the second particulars  manual second particulars  manual second particulars  manual second particulars  and the seco	including this child	Date  when the attendant does not tem 25.  of the person whose name approximation of the person whose name approximation and the person and the person whose name approximation and the person and the person approximation and the person whose name approximation and the person and the person approximation approximation approximation and the person approximation approx
24. I HEREBY CERTIFY That I attended and at the place stated above, and that related to this child as  (Mother,  25. Attendant's  OWN signature  State of County of I, the undersigned, being first duly swo in Item 4, above, that I am now  OFA C. A. HOOVET  (First name) (Last name) the facts on the certificate above are true Chapter 139, 1937 Session Laws.	At time of birth and  ATTENDANT'S ( the birth of this child t personal particulars  M.D. Midwife  s.  Attendant's ( M.D. Midwife  s.  Attendant I am the  years of age, that  ,, who attended this to the best of my kno	including this child	Date  The person whose name applor years, and the located to have this birth recorded use the state of the person whose name applor years, and the located to have this birth recorded use the state of the located to have the birth recorded use the located to have the birth recorded use the located the loca
24. I HEREBY CERTIFY That I attended and at the place stated above, and that related to this child as  (Mother,  25. Attendant's  OWN signature  State of  County of  I, the undersigned, being first duly swo in Item 4, above, that I am now  (First name)  (Last name)  the facts on the certificate above are true	At time of birth and  ATTENDANT'S ( the birth of this child t personal particulars  etc.)  M.D.  Midwife  s.  Al  rn, say that I am the  years of age, that  who attended this to the best of my known  day of  day of	including this child	Date  When the attendant does not tem 25.  If the person whose name approximate to be located)  In have this birth recorded to the control of the person whose name approximate to be located.  Signature of the person whose name approximate the control of the person whose name approximate the person whose name approximate the control of the person whose name approximate the control of the person whose name approximate the control of the person whose name approximate the contr

(1937 Session Laws, Chapter 139, Section 4)

296-121-00/-319  Discounty of Place Of BIRTH  County of Ada now Camon  City of Mean Manufa Idaha	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH
No. St. Registration T	District NoState File NoState State Stat
	ation District NoLocal Registrar's No
3. Sex male if plural 4. Twin, triplet, or other 6. P	19 Date of
9. Full FATHER name Nomai alvin Frown. 10. Residence (usual place of abode)	18. Full maiden name  19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race multile 12. Age at last birthday 29 (years)	20. Color or race. White   21. Age at last birthday. 22 (years)
13. Birthplace (city or place) Marining (State or Country)	(State or Country)
sawyer, bookkeeper, etc. Jarren,	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
last engaged in this work	25. Date (month and year) last engaged in this work  To date, 19 in this work if the faction
7   19.3.3   in this work 60   27. What prophylactic was used to prevent Ophthalmia Neona	torum? Sod ag Maria
28. Number of children of this mother (At time of this birth (a) Born alive and nov	and including this chid) Lwo, w living
months	30. Cause of Stillbirth { Before labor
<b>(                                    </b>	PHYSICIAN OR MIDWIFE  One at m on the date above stated.  (Born Alive or Stillborn)
should make this return.	Signed) JHMWY , M. D. , Midwife
Give name added from a supplemental report (Date of)	ddress har flatia
Registrar.	Logistrar.



Department of Commerce Bureau of the Census  CERTIFICAT STATE O	of date of birth of THIS child)  E OF BIRTH  F IDAHO  State File No
1. PLACE OF BIRTH" (All items at time of this birth) (a) CountyFremont (b) CityLewisville (c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MOTHER (At time of this birth  (a) StateIdaho
4. FULL NAME OF CHILD Hazle Mary Taylor 7. Twin or If so—born 6. Sex Female Triplet 1st, 2nd, 3rd	
10. FULL Albert Taylor  11. Color or Race White of This birth 30 yrs.  13. Birthplace Ogden, Utah  14. Exact Occupation Farmer  15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum	MOTHER OF CHILD  16. FULL MAIDEN  NAME Susan. Elizabeth Marler  17. Color or Race White of THIS birth 26.  19. Birthplace Huntsville., Utah  20. Exact (City or town) (State or foreign countred)  21. Industry or Business
23. Number of children of this mother: (a) At time of birth an	
24. I HEREBY CERTIFY That I attended the birth of this ch and at the place stated above, and that personal particular	
related to this child as	
	AFFIDAVIT to be completed when the attendant does not in Item 25.
I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now	at I have known this person for 51 years, and s birth 18 now deceased or (Cannot be located)
112 E Subscribed and sworn to before parties22	Plymouth St., Long Beach, Callfo. Add

4AP 30 104.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

314-229-230.349 State File No. 3386 Local Reg. No. 3386 United States (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Reg. Dist. No..... STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth) **USUAL RESIDENCE OF MOTHER** (At time of this birth) (a) County LEMH I (b) City BAKER 3. (a) State IDAHO (b) County LEMHI (c) Street Address or R.F.D. No..... (c) City Baker (3 miles in Country (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho?..... 3. RESIDENCE OF FATHER (city, state) 1 je 12 - Software months davs IN THIS county by years 5. Date of Birth of Child Can. 16-(Month, day, year) 4. FULL NAME LTHEE D. CAMPBell OF CHILD..... If so-born 7. Twin or 8. No. months 6. Sex 7 Triplet 1st, 2nd, 3rd of Pregnacy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN ≠ A CHANGLEIT JURTEP 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth 4/ yrs. of THIS birth J. yrs. or Race.... or Race.... 13. Birthplace Troy Ca. Illinois 19. Birthplace. Z. J. O. Shame (State or foreign country) (State of foreign country) (City or town) (City or town) 20. Exact 14. Exact Occupation Mining aud Occupation Housewite 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child....... (b) Born alive and now living..... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by......, who is related to this child as..... (Mother, etc.) 25. Attendant's M.D. **OWN** signature Midwife Address Date State of County of AFFIDAVIT to be completed when the attendant does not sign in Item 25. (Mother, etc.) in Item 4, above, that I am now years of age, that I have known this person for years, and that Withington who attended this birth decease ..... I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me\_this... ......Notary Public, residing at (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

envelop certifie	Department of Commerce CERTIFICAT	of date of birth of THIS child)  E OF BIRTH  F IDAHO  State File No  Local Reg. No  Reg. Dist. No
re. Mai COMPLETED certificate in filing. No charge for filing. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) CountyWashington* (b) CityCouncil (c) Street Address or R.F.D. No	8. No. months
	FATHER OF CHILD	MOTHER OF CHILD
pleting this certificate. <i>N</i> is, Boise, Idaho, for filing ir coin.	10. FULL NAME James F. Glenn  11. Color white of THIS birth // yrs.  13. Birthplace Arkansas  (City or town) (State or foreign country)  14. Exact Occupation Farmer  15. Industry or Business Farming	16. FULL MAIDEN NAME  17. Color 18. Age at time or Race. White Of THIS birth 3  19. Birthplace.  (City or town)  (State or foreign country) Occupation County or Business
<u> </u>	22. Name prophylactic used to prevent Ophthalmia Neonatorum	the state of the s
E.2 0	DO 37-1- T A -1-13-1	
8 = =		d including this child (b) Born alive and now living
ribbon in comp Vital Statistics money order or	ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this ch  and at the place stated above, and that personal particular	ild, who was
ter ribbor of Vital is, money	24. I HEREBY CERTIFY That I attended the birth of this ch and at the place stated above, and that personal particular related to this child as(Mother, etc.)	ild, who was
ter ribbor of Vital is, money	24. I HEREBY CERTIFY That I attended the birth of this chand at the place stated above, and that personal particular related to this child as	idd, who was
	24. I HEREBY CERTIFY That I attended the birth of this che and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. OWN signature (Mother, etc.)  State of (State of (	ild, who wasatM. on the date  (Born alive, stillborn)  s were furnished by, who is  (First name) (Last name)  Address Date  AFFIDAVIT to be completed when the attendant does not sign in Item 25.  (Mother, etc.) of the person whose name appears at I have known this person for years, and that
K Record typewriter ribbor to State Bureau of Vital nent of fifty cents, money	ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this ch  and at the place stated above, and that personal particular related to this child as  25. Attendant's (Mother, etc.)  OWN signature Midwife State of State o	ild, who wasatM. on the date
BLACK Ink or BLACK Record typewriter ribbor FIRST-CLASS portage to State Bureau of Vital uires an advance payment of fifty cents, money	ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this ch  and at the place stated above, and that personal particular related to this child as  (Mother, etc.)  25. Attendant's  OWN signature  State of  County of  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now  (First name)  (Last name)  the facts on the certificate above are true to the best of my k Chapter 139, 1937 Session Laws.	certificate  ild, who wasat
Ink or BLACK Record typewritar ribbor LASS postage to State Bureau of Vital advance payment of fifty cents, money	ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this ch  and at the place stated above, and that personal particular related to this child as  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  State of (Mother, etc.)	certificate  ild, who wasatM. on the date  (Born alive, stillborn)  s were furnished by

(1937 Session Laws, Chapter 139, Section 4)

1. 60	715-109-015-96	55		7.2	00000
certifi- charge	United States Department of Commerce	(Be sure the inform	nation is as of ERTIFICATE	date of birth of THIS child) OF BIRTH	State File No. 338683 Local Reg. No.
	Bureau of Census		STATE OF		Reg. Dist. No.
COMPLETED, for filing. No	1. PLACE OF BIRTH  (a) County Caribou  (c) Street Address or R.F.L  (d) Name of Hospital or M  (e) Mother's stay BEFORE	O.Noaternity Home:	-	(a) State Idaho (c) City Soda Sp (d) Street Address or R	MOTHER (At time of this birth)  (b) County  rings  F.D.No.  [ER lived in Idaho? 60 yrs.
Mail Idaho, coin.	In Hosp. or Mat. Home IN THIS county	davs.	days		R (city, state) Soda Sprigs
certificate. ics, Boise, ]	7. Twi	ert John Pan	ting f so—born	o. No. months	day year) July 9, 189
on in completing this cert. Bureau of Vital Satistics, int of fifty cents, money or	FATHER C 10. FULL Christophe	r Panting 12. Age at time of THIS birth	yrs.	MOTHER 16. FULL MAIDEN NAME 17. Color or Race 19. Birthplace (City or town	ne Reed Penting  18. Age at time of THIS birth 354 yrs
rd typewriter ribbo postage to State B n advance paymen	(c) Born alive and now dead 24. I HEREBY CERTIFY Th	mother: (a) At time d (d) Stillbor hat I attended the bin	e of birth and n rth of this chil	including this child (b)  None  d, who was a  (born alive, stillborn	Born alive and now living 7.  t. M. on the date  ame) (Last name) , who is
ICK Record F-CLASS por requires an	36 (1) MAR 24 1947	(b) (Registrar's s	ignature)	25. Attendant's  OWN signature  and address  FFIDAVIT To be completed	(D.O.,Midwife,etc.) Date  I when the attendant at birth is NOOT BE LOCATED.
Use only BLACK Ink or BLA cate in envelope bearing FIRS' for filing. Each certified copy	I, Delbert John (Name of person on compears above, and that I desirtained therein are true to the said birth is now dise.  (Is now deceased (or Subscribed and sworn to be (SEAL)	ertificate above) re to have the said best of my knowledg ased cannot be located)	as Si (Soirth recorded ge. I further sand that this 126	ster  Itate relationship or acquaintanunder Chapter 139, 1937 Sessionate that Mrs. Jim Ca (Name of attenda birth has not been previously	nated to (or) acquainted with)  ce) on Laws; and that the facts con- latabirth) recorded.  Signature  P. O. Address

(1937 Session Laws, Chapter 139, Section 4)

453-220-008-4 United States		338862 of date of birth of THIS child)	State File No.
Department of Commerce	·	TE OF BIRTH	Local Reg. No
_ •		OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items (a) County BOISE (c) Street Address or R.F.D. (d) Name of Hospital or Material (d) Name of Hospital (d)	(b) City Garden Valle	(c) City Garden	HER (At time of this birth) (b) CountyBoise Valley
(e) Mother's stay BEFORE del IN THIS county 20 ye	livery:	(e) How long has MOTHER 3. RESIDENCE OF FATHER (city	lived in Idaho? $71$
4. FULL NAME Marion I	ola DeChambeau	5. Date of Birt (Month, day	h of Child Sept. 20,1
6. Sex female 7. Twin 6.	or If so_horn	8. No. months of Pregnacy 9	
FATHER OF TABLE TO THE TABLE TO	F CHILD  DeChambeau  Age at time of THIS birth, 26yrs.	16. FULL MAIDEN Elsie 17. Color white or Race White 19. Birthplace Carden (City or town)	OF CHILD Ann McBride
15. Industry or Business  22. Name prophylactic used to p	the control of the co	21. Industry or Business  a	
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to p</li> <li>23. Number of children of this p</li> <li>24. I HEREBY CERTIFY That</li> </ul>	ATTENDANT".  I attended the birth of this cluve, and that personal particular	Business	orn alive and now living M. on the d
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to p</li> <li>23. Number of children of this p</li> <li>24. I HEREBY CERTIFY That and at the place stated abort</li> </ul>	mother: (a) At time of birth an  ATTENDANT'  I attended the birth of this cl  ve. and that personal particular	Business  a	
15. Industry or Business  22. Name prophylactic used to public to get the policy of children of this public to get the place stated above	ATTENDANT"  I attended the birth of this cleve, and that personal particular  (Mother, etc.)  M.D.  Midwife  Ss.  st duly sworn, say that I am the	Business  a	Date  n the attendant does not so 25.  he person whose name appe
15. Industry or Business  22. Name prophylactic used to public to get the policy of children of this public to get the policy of the public to get the publi	ATTENDANT"  I attended the birth of this cleve, and that personal particular  (Mother, etc.)  M.D.  Midwife  Ss.  st duly sworn, say that I am the  "11years of age, the  (Last name)	Business  a	Date  n the attendant does not so 25.  he person whose name appe  50 years, and to so located)
15. Industry or Business  22. Name prophylactic used to public to get the policy of children of this public to get the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to the place stated abov	ATTENDANT"  I attended the birth of this cleve, and that personal particular  (Mother, etc.)  M.D.  Midwife  ss.  st duly sworn, say that I am the  (Iast name)  ye are true to the best of my leading to the content of	Business  a	Date  n the attendant does not so 25.  he person whose name appe  50 years, and to so located)  lave this birth recorded un  Signat  P. O. Addr
15. Industry or Business  22. Name prophylactic used to public to get the policy of children of this public to get the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to this child as successful to the place stated above related to the place stated abov	ATTENDANT"  I attended the birth of this cleve, and that personal particular  (Mother, etc.)  M.D.  Midwife  Ss.  st duly sworn, say that I am the  "lide"  (Last name)  we are true to the best of my level are true to the level are true true true true true true true tr	Business  a	Date  n the attendant does not so 25.  the person whose name apperatus of the border o
15. Industry or Business  22. Name prophylactic used to public to get the policy of children of this public to get the policy of children of this public to get the policy of children of this public to get the policy of child as and at the place stated above related to this child as and at the place stated above related to this child as and get the place stated above the place of county of coun	ATTENDANT"  I attended the birth of this cleve, and that personal particular  (Mother, etc.)  M.D.  Midwife  ss.  st duly sworn, say that I am the  (Iast name)  we are true to the best of my leader are true to the best of my leader and force me this 31st day of the say of th	Business  a	Date  n the attendant does not so 25.  the person whose name apperatus of the borner state to book and the book are this birth recorded un Signat P. O. Addray, 19, 42.

(1937 Session Laws, Chapter 139, Section 4)

		TE OF BIRTH	Local Reg. No
Bureau of the Census	STATE (	OF IDAHO	Reg. Dist. No
(a) CountyLatah	yMos.cow	(a) StateIdaho (c) CityMos.com (d) Street Address of	* MOTHER (At time of this birth)  (b) CountyLatah  R.F.D. No
4. FULL NAME		5 Date of	of Right of Child
of CHILDBessie May Tear		(Mont	h, day, year) October 24,18
7. Twin or 3. Sex Female Triplet No	If so—born 1st, 2nd, 3rd	8. No. months d of Pregnac	y 9 9. Legitimate? Yes
FATHER OF CHILD		MO'	THER OF CHILD
10. FULL NAME Philip Henry Teare		16. FULL MAIDEN MA	rgaret Mylrea
11. Color 12. Age a	t time IS birth 35 yrs.	17. Color or Race White	18. Age at time of THIS birth 36
13. Birthplace Ballaugh Isle of (City or town)	' Man. England	19. BirthplaceAndres	s. Isle of Man, England
14. Exact		1 20 Rivect	town) (State or foreign country)
Occupation Farmer	***************************************	21. Industry or	Homemaker
Business		Business	
22. Name prophylactic used to prevent (	Ophthalmia Neonatorun	a??	
23. Number of children of this mother:	(a) At time of birth a	nd including this childone	(b) Born alive and now living two
	ATTENDANT'	S CERTIFICATE	
24. I HEREBY CERTIFY That I atten			
and at the place stated above, and related to this child as(Mo	that personal particula	rs were furnished by(Fir	st name) (Last name) who
25. Attendant's  OWN signature	M.D. Midwif	e Address	Date
State of Lazak Idaho County of Latah	;}ss.		d when the attendant does not sign Item 25.
I, the undersigned, being first duly s	worn, say that I am th	e Aunt	of the person whose name appea
in Item 4, above, that I am now82	years of age, ti	(Mother, etc.) hat I have known this perso	n for since birthears, and th
Dr. W. H. Carithers (Last name) (Last name)	who attended th		ed. I further state th
the facts on the certificate above are to Chapter 139, 1937 Session Laws.	rue to the best of my l	knowledge, and that I desirargaret E.Odeson (No	e to have this birth recorded und DESEN Signatu
	(P)L	•	_
Subscribed and sworn to before me	this 26th day o		P. O. Addre
(SEAL)			iding at Moscow, Idaho
			iding at myssysmi idanio
(Note: Perjury is punishable as a fo	elony in Idaho: see Sec	17-914. MOSNO COME ADDOTOR	ed.)

(1937 Session Laws, Chapter 139, Section 4)



1. PLACE OF BIRTH (All items at time of this birth) (a) County, Owynes (b) City, Three Creek (c) Street Address or R.F.D. No (d) Name of Hospital or Maternity Home: (n) Mother's stay BEFORE delivery: (n) This county years months days  4. FULL NAME (1 and year) (2	United States (Be Department of Commerce Bureau of the Census	CERTIFICAT		State File No 338.994 Local Reg. No
IN THIS county years months days 3. RESIDENCE OF FATHER (city, state)  4. FULL NAME Gladys May Hodge 5. Date of Birth of Child (Month, day, year) P.P. 28, 18  6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? yes 1st, 2nd, 3rd 1st	1. PLACE OF BIRTH (All items at tim (a) County(b) (c) Street Address or R.F.D. No (d) Name of Hospital or Maternit	ne of this birth) City Three Creek y Home:	2. USUAL RESIDENCE OF MO  (a) State	THER (At time of this birth) (b) County. Owyhee eek D. No
6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd of Pregnacy 9. Legitimate? Yes of Pregnacy 9. Legitimate? Yes of Pregnacy 9. Legitimate? Yes 10. FATHER OF CHILD 10. FULL William Hodge 11. Color white 12. Age at time or Race of THIS birth 49 yrs. 13. Birthplace. 7 Ohio 15. Industry or 16. Lexact Occupation Farmer (State or foreign country) 16. Lexact Occupation 17. Color Business 22. Name prophylaetic used to prevent Ophthalmia Neonatorum 21. Industry or Business 22. Name prophylaetic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child. 5. (B) Born alive and now living 5. ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn) (Last name) (Last nam	IN THIS county years		3. RESIDENCE OF FATHER (ci	ty, state)
6. Sex Female Triplet 1st, 2nd, 3rd of Pregnacy 9. Legitimate? yes  FATHER OF CHILD  10. FULL William Hodge NAME. Alice Amelia Gore  11. Color white 12. Age at time or Race white 15. Age at time or Race white 15. Age at time or Race white 15. Brithplace 7. Color or Race white 15. Industry or Business  14. Exact Occupation Farmer Occupation Farmer  15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. 2. ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive aliboral (Mother, etc.)  25. Attendant's Own signature (Mother, etc.)  26. Attendant's Own signature (Mother, etc.)  27. Attendant's Own signature (Mother, etc.)  28. AFFIDAVIT to be completed when the attendant does not significant in Hem 25.  29. I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  20. Exact Occupation Housewife  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. 2. ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive aliboral (Born alive aliboral) (Last name)  25. Attendant's Own signature (Mother, etc.)  26. Attendant's Own signature (Mother, etc.)  27. Attendant's Own signature (Mother, etc.)  28. AFFIDAVIT to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be com	OF CHILD			th of Childept. 28, 189
10. FULL William Hodge 11. Color Or Race White 12. Age at time of THIS birth 49 yrs. 13. Birthplace. (City or town) (State of foreign country) 14. Exact Occupation Farmer 15. Industry or Business 16. EVAL MADEN Alice Amelia Gore 17. Color or Race white 18. Age at time of THIS birth 31 yrs. 18. Birthplace. (City or town) (State of foreign country) 19. Birthplace. (City or town) (State or foreign country) 10. Exact Occupation HOUSeWife 11. Color or Race white 18. Age at time of THIS birth 31 yrs. 11. Exact Occupation HOUSeWife 12. Exact Occupation HOUSeWife 13. Industry or Business 14. Exact Occupation HOUSeWife 15. Industry or Business 16. FULL MADEN Alice Amelia Gore 17. Color or Race white 18. Age at time of THIS birth 31 yrs. 18. Exact Occupation HOUSeWife 19. Birthplace. (City or town) (State or foreign country) 19. Birthplace. (City or town) (State or foreign country) 19. Birthplace. (City or town) (State or foreign country) 19. Birthplace. (City or town) (State or foreign country) 19. Birthplace. (City or town) (State or foreign country) 19. Birthplace. (City or town) (State or foreign country) 19. Birthplace. (City or town) (State or foreign country) 19. Birthplace. (City or town) (State or foreign country) 19. Birthplace. (City or town) (State or foreign country) 19. Birthplace. (City or town) (State or foreign country) 19. Birthplace. (City or town) (State or foreign country) 19. Birthplace. (City or town) (State or foreign country) 19. Exact Occupation HOUSeWife 19. Birthplace. (City of town) (State or foreign country) 19. Birthplace. (City of town) (State or foreign country) 19. Birthplace. (City of town) (State or foreign country) 19. Birthplace. (City of town) (State or foreign country) 19. Birthplace. (City of town) (State or foreign country) 19. Birthplace. (City of twn) (State or foreign country) 19. Birthplace. (City of twn) (State or foreign country) 19. Birthplace. (City of twn) (State or foreign country) 19. Birthplace. (City of twn) (State or foreign country) 19. Birthplace. (City of twn) (S				9. Legitimate? yes
ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive and now living and at the place stated above, and that personal particulars were furnished by Alice Hodge (First name)  25. Attendant's OWN signature (Mother, etc.)  26. Attendant's OWN signature (Mother, etc.)  27. I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  28. I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  29. In Item 4, above, that I am now years of age, that I have known this person for years, and the (First name) (Last name)  (Estate to have this birth recorded undersigned and sworn to before me this day of 139, 1937 Session Laws.  (SEAL) Notary Public, residing at (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	10. FULL William Hodge NAME  11. Color white of 12. Ag of 13. Birthplace (City or town) 14. Exact Occupation Farmer 15. Industry or Business	e at time THIS birth 49 yrs. On 10 (State or foreign country)	16. FULL MAIDEN NAME Alice  17. Color or Race White  19. Birthplace (City or town)  20. Exact Occupation Hous  21. Industry or Business	Amelia Gore  18. Age at time of THIS birth 31 yr. Kansas (State or foreign country) ewife
and at the place stated above, and that personal particulars were furnished by. Alice Hodge (First name) (Last name)  25. Attendant's (Mother, etc.)  State of State	<ul><li>23. Number of children of this mothe</li><li>24. I HEREBY CERTIFY That I at</li></ul>	er: (a) At time of birth an  ATTENDANT'S tended the birth of this ch	d including this child (b) 1 CERTIFICATE ild, who was born aliveat	Born alive and now living. 3=
State of		(Mother, etc.)	s were furnished by Alice (First nam	
in Item 4, above, that I am now	State of	}ss.	AFFIDAVIT to be completed who	
Subscribed and sworn to before me thisday of	(First name) (Last the facts on the certificate above are	years of age, th , who attended thi name) e true to the best of my k	at I have known this person for s birth(Is now deceased) or (Cannot nowledge, and that I desire to	years, and the I further state the be located) have this birth recorded unde
Subscribed and sworn to before me thisday of				· · · · · · · · · · · · · · · · · · ·
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)		me thisday of		, 19
			17-914, Ideko Code Annotated.)	

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Of Commerce	of date of both of THIS chief) State File No
1. PLACE OF BIRTH (All items at time of this birth)  (a) County. Ada. (b) City. Star  (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: IN THIS county years 4 months days  4. FULL NAME OF CHILD. Lee Roy Moon  7. Twin or If so—born	No months
6. Sex Male Triplet 1st, 2nd, 3rd	
FATHER OF CHILD  10. FULL NAME Lee Roy Moon  11. Color or Race. White of THIS birth 31 yrs.  13. Birthplace Millad Idaho  14. Exact Occupation Farmer  15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum	
23. Number of children of this mother: (a) At time of birth and	d including this child (b) Born alive and now living
25. Attendant's M.D.	Address
County of Jackson (SS)	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
in Item 4, above, that I am now 53 years of age, the Dr. Hall who attended this (First name) (Last name) the facts on the certificate above are true to the best of my kind Chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this 25th day of	s birth Deceased I further state that  (Is now deceased) or (Cannot be located)  nowledge, and that I desire to have this birth recorded under  Box 223, Central Point, Ore. P. O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 1	17-914, Idaho Code Annotated.)
20 20 2012	by, Registrar.



(1937 Session Laws, Chapter 139, Section 4)

4

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

1. <b>d</b> b	113-210-019-275			339323
certifi. charge	United States ADD 6 1942 (Be sure th	ne information is as o	of date of birth of THIS child)	State File No.339323
중 중	Department of Commerce	· CERTIFICAT	e of Birth	Local Reg. No
COMPLETED , for filing. No	Bureau of Census	STATE O		Reg. Dist. No
F. 5	1. PLACE OF BIRTH (a) County C. U. S. T. C. (b) City.	Shall15	2. USUAL RESIDENCE of MC	THER (At time of this birth)
PLETI filing.	(c) Street Address or R.F.D. No		(a) State 4 d a h o	(b) County Custer
₩. ₩.	(d) Name of Hospital or Maternity Hon			
Ŗ.ā				O. No
교육	(e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Homedays.		• • •	ssyrs.
Mail C Idaho, coin.		nonth days	3. RESIDENCE of FATHER (	city, state)
4 6 6	4. FULL NAME	<del></del>	5 Date of Div	<u>.</u>
<b>Z Z</b>	~- ~		(Month, d	ay year) Sept 10, 1891
tifical F. Bois order	6. Sex Female 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months	9. Legitimate? Yes
ti & C	FATHER OF CHILD	15t, 21tu, 51tu	of Pregnancy MOTHER (	
isti ne	10 9777 7	Tookson	16. FULL MAIDEN	T Share
this Static	NAME Jesse Tlonroe			
	or Race White 12. Age at the of THIS	birth5yrs.	or Race VV h : 7 e	8. Age at time of THIS birth 21 yrs.
ompleting of Vital Sifty cents,	13. Birthplace DethalTo II	417015	19. Birthplace (City or town)	s Nebraska
14 of 15	(City or town) (State o		90 E	
E E	Occupation Home STead	ey	Occupation news	WITE
irea of	15. Industry or Business		21. Industry or Business	
g m ii	22. Name prophylactic used to prevent O	phthalmia Neonatoru	· · · · · · · · · · · · · · · · · · ·	
ribbo State peyme	23. Number of children of this mother: (a)			
			ld. who was at	M on the date
writer ge to ance	24. I HEREBY CERTIFY That I attended and at the place stated above, and that related to this child as		(born alive, stillborn)	· ·
98	related to this child as	, personal particulars	(First n	ıme) (Last name)
l type posta n adv	ADD C 10 40 . (MOTHE	r, e 1	_25. Attendant's	
T A g		istrar's signature)	OWN signature	M.D.
100 M	27. Given name added on by (Reg	!	and address	(D.O.,Midwife,etc.)  Date
BLACK Record FIRST-CLASS   copy requires an	(Reg			
NY E	State of Tdsha }s	s. <sup>2</sup>	AFFIDAVIT To be completed w	
HS.			NOT LIVING or CAND	related to
BLA FIRS copy	I, Grace Getman	, being first	duly sworn, say mat 1 am	ated to (or) acquainted with)
a Ba	Edna Jackson (Name of person on certificate above	as se	cond cousin	, whose birth certificate
Ink beari ertifi	appears above and that I desire to have t	he said birth recorde	(State relationship or acquaintance) ed under Chapter 139, 1937 Sess:	on Laws: and that the facts
M P	contained therein are true to the best of m	y knowledge. I furt	her state that MAA (Name of attenda	Trala. who attended
Ç 8.4.	said birth in deceased	and that	this birth has not been previous	
E E	(Is now deceased (or) cannot be loc	ated)	grace Setr	Signature
d di		1	Poula 2 Boca	P. O. Address
only BLACK in envelope filling: Each c	Subscribed and sworn to before me or	day day		19 9
	(SEAL)	a Jausi m	Notary Public, residing	at June, Sala
to to the	- -			

(1937 Session Laws, Chapter 139, Section 4)

Bureau e	States nent of Commerce of the Census		CERTIFICATE STATE OF		Local 1	File No Reg. No Pist. No
(a) C (c) S (d) N (e) M	treet Address or R Vame of Hospital of Atmospherical State of Hospital of Hosp	years months	days	(a) State Z. s. s. (c) City .M.s. (d) Street Add. (e) How long h. 3. RESIDENCE OF I	CE OF MOTHER (At D. M.O. (b) Council (b) Council (c) C	inty Latah  Idaho? 3 y  Moscow 20A
OF C	HILD		Son. If so—born 1st, 2nd, 3rd	8. No. n	(Month, day, year). onths egnacy 9. 1	.J. a. n. 5,- 187 Legitimate? Ye S
11. Color or R 13. Birtl 14. Exac Occu 15. Indu Busi	tace White hplace Sand (City or town stry or ness	Knudtson  12. Age at time of THIS birth  S. Norway (State or foreign	// yrs.	17. Color or Race. W. Z. 19. Birthplace	POTER ISL City or town) HOUSE W1F	at time HIS birth 40 and Norw State or foreign country
23. Num	nber of children of		e of birth and	including this child.	<b>6</b> (b) Born alive	and now living
, 24. I HI	CREBY CERTIFY	That I attended the bird above, and that person	al particulars	d, who was (Born alive were furnished by	stiliborn)	
25. Atte	endant's	(Mother, etc.)	M.D.		(First name)	
25. Atte OWN	ndant's signature	(Mother, etc.)	M.D. Midwife	Address	apleted when the at in Item 25.	Date
25. Atte OWN State of County I, th in Item (First the fact Chapter	ndant's signature of the undersigned, being the undersigned, being the undersigned, being the undersigned, the undersigned the	ss.  In pow yea  (Last name)  a bove are true to the b	M.D. Midwife  A that I am the ars of age, that attended this pest of my known that the manner of	Address  FFIDAVIT to be con  (Mother, etc.)  I have known this birth (Is now deceased owledge, and that I	person for (Cannot be located)	Date tendant does not whose name app years, and I further state birth recorded un Signa

(1937 Session Laws, Chapter 139, Section 4)

	epartment of Commerce CER	ion is as of date of birth of THIS child RTHFICATE OF BIRTH	Local Reg. No
Βu	ureau of the Census S'	TATE OF IDAHO	Reg. Dist. No
1.	PLACE OF BIRTH (All items at time of this birth)  (a) County	(a) State Idaho (c) City Cornwi	MOTHER (At time of this birth (b) County Latah
••••	(e) Mother's stay BEFORE delivery: IN THIS county 5 years months	(e) How long has MOT	HER lived in Idaho?20 (city, state) Cornwall
4.	FULL NAME Garl Russell Lee	5. Date of (Month,	Birth of Child Jan. 6, 18
<u>6.</u>		o—born 8. No. months 2nd, 3rd of Pregnacy	9 9. Legitimate? Yes
11. 13 14.	FATHER OF CHILD  FULL NAME David Lee  Color or Race White of THIS birth  Bell Birthplace (City or town) (State or foreign count Occupation farmer  Industry or	17. Color or Race Thite 19. Birthplace (City or to Occupation hous) 20. Exact Occupation hous 21. Industry or	ah Johnson  18. Age at time  of THIS birth  Nissouri  wn) (State or foreign country ewife
22	Business farm  Name prophylactic used to prevent Ophthalmia Neo	Business	
22 23	2. Name prophylactic used to prevent Ophthalmia Neo 3. Number of children of this mother: (a) At time of  ATTER 4. I HEREBY CERTIFY That I attended the birth of	birth and including this child	at
22 23 24	2. Name prophylactic used to prevent Ophthalmia Neo 3. Number of children of this mother: (a) At time of  ATTEL 4. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal prelated to this child as	birth and including this child. 12. (INDANT'S CERTIFICATE  f this child, who was	atM. on the
22 23 24 24	Name prophylactic used to prevent Ophthalmia Neo Number of children of this mother: (a) At time of ATTE I. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal p related to this child as.  (Mother, etc.) Attendant's OWN signature	birth and including this child 12. (INDANT'S CERTIFICATE  of this child, who was	at
22 23 24 25 St. Co	ATTEL  I. HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal prelated to this child as.  (Mother, etc.)  Attendant's  OWN signature  Late of Sunty of	birth and including this child. 12(INDANT'S CERTIFICATE  If this child, who was	Date  when the attendant does not attem 25.  of the person whose name appoint of the person whose n
22 23 24 25 St Co	ATTEL  I. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal prelated to this child as (Mother, etc.)  Attendant's OWN signature tate of the county of the	birth and including this child	Date  When the attendant does not litem 25.  of the person whose name app for years, and liter state not be located)
22 23 24 25 St Co	ATTELL. I HEREBY CERTIFY That I attended the birth of and at the place stated above, and that personal prelated to this child as (Mother, etc.)  Attendant's (Mother, etc.)  Attendant's (Mother, etc.)  I, the undersigned, being first duly sworn, say that I tem 4, above, that I am now years of the certificate above are true to the best mapter 139, 1937 Session Laws.  Subscribed and sworn to before me this 2	birth and including this child. 12. (INDANT'S CERTIFICATE  If this child, who was	Date  When the attendant does not litem 25.  of the person whose name app for years, and to have this birth recoved when the state not be located)  to have this birth recoved when the located w

(1937 Session Laws, Chapter 139, Section 4)

United States	*		date of birth of THIS child)	State File No. 33960
Department of Commerce		ERTIFICATE (	•• •••••	Local Reg. No.
Bureau of the Census		STATE OF		Reg. Dist. No.,
i. PLACE OF BIRTH (All item (a) County	as at time of this birth)	800	2. USUAL RESIDENCE OF MO	THER (At time of this birt
(c) Street Address or R.F				(b) County Short
(d) Name of Hospital or I			(c) Old	J.D. No.
(e) Mother's stay BEFORE				R lived in Idaho?
IN THIS county	years months	days	3. RESIDENCE OF FATHER (	
4. FULL NAME DESIGN	Means	Watt	5. Date of Bi	rth of Child
2 7. Tw		so-born	8. No. months	uy, your)
6. Sex temale Tri	plet 1s	t, 2nd, 3rd	of Pregnacy	9. Legitimate? $\nu$
10. FULL / FATHER	OF CHILD	=00	16. FULL MAIDEN	OF CHILD
NAME/ Curily	Harrison &	llan	NAMEACULA	ann Co
11. Color or Race	12. Age at time of THIS birth.	yrs.	17. Color or Race	18. Age at time of THIS birth 5.5.
13. Birthplace Lean C	strengis	This	19. Birthplace	Menntelina
14. Exact (City or town)	(State of foreign con		20. Exact (City or town)	v/
Occupation 15. Industry or	resignation	<u></u>	Occupation21. Industry or	me my
Business			Business	
22. Name prophylactic used t	o prevent Ophthalmia N	eonatorum		*****************
			including this child5 (b)	
	AT1	ENDANI'S C	ERTIFICATE	
24. I HEREBY CERTIFY T			i, who was	M. on the
and at the place stated a	nat I attended the birth	of this child	i, who wasat	, w
	nat I attended the birth bove, and that personal	of this child	i, who wasat (Born alive, stillborn) were furnished by	, w
and at the place stated a related to this child as	nat I attended the birth	of this child	i, who wasat (Born alive, stillborn) were furnished by	, w
and at the place stated a related to this child as  25. Attendant's OWN signature	bove, and that personal (Mother, etc.)	particulars M.D. Midwife	i, who was	ne) (Last name) W
and at the place stated a related to this child as  25. Attendant's OWN signature  State of	bove, and that personal  (Mother, etc.)	of this child particulars M.D. Midwife	Address  FFIDAVIT to be completed when the complete with the complete compl	Date nen the attendant does not em 25.
and at the place stated a related to this child as  25. Attendant's OWN signature  State of County of Laboratory of Labora	(Mother, etc.)  ss.  first duly sworn, say tha	of this child particulars	Address  FIDAVIT to be completed when the complete were formula in Italian was a second with the complete when the compl	Date nen the attendant does not em 25. the person whose name ap
and at the place stated a related to this child as  25. Attendant's OWN signature  State of	(Mother, etc.)    SS.     first duly sworn, say the low who at the same sworn, who at the same says the same sworn, who at the same says the same says the same sworn, who at the same says the same s	of this child particulars M.D. Midwife  AF  AF  At I am the of age, that	Address  FIDAVIT to be completed whim It (Mother, etc.)  I have known this person for birth.	Date  nen the attendant does not the person whose name approximately the person whose name approximately than the person whose name approximately that the person whose name approximately than the person whose name approximately the person whose name approximately the person whose na
and at the place stated a related to this child as  25. Attendant's OWN signature  State of County of I, the undersigned, being in Item 4, above, that I am n	(Mother, etc.)    Ss.     first duly sworn, say the ow, who at (Last name)	of this child particulars M.D. Midwife  AF  At I am the of age, that	Address  FFIDAVIT to be completed win It (Mother, etc.)  I have known this person for birth	Date  Date  nen the attendant does not em 25.  the person whose name approached by the person whose na
and at the place stated a related to this child as  25. Attendant's OWN signature  State of County of I, the undersigned, being in Item 4, above, that I am n	(Mother, etc.)    Ss.     first duly sworn, say the own who at (Last name)     bove are true to the best	of this child particulars M.D. Midwife  AF  At I am the of age, that	Address  FIDAVIT to be completed where furnished by the complete of the comple	Date  nen the attendant does not em 25.  the person whose name apprairs, and whose name apprairs, and have this birth recorded to the located)
and at the place stated a related to this child as	(Mother, etc.)    Ss.     first duly sworn, say the own who at (Last name)     bove are true to the best	of this child particulars M.D. Midwife  AF  At I am the of age, that	Address  FIDAVIT to be completed where furnished by the complete of the comple	Date  nen the attendant does not em 25.  the person whose name apprairs, and whose name apprairs, and have this birth recorded to the located)
and at the place stated a related to this child as  25. Attendant's OWN signature  State of	(Mother, etc.)    Ss.     Ss.     first duly sworn, say the own who at (Last name)     bove are true to the besws.	M.D. Midwife  AF  At I am the of age, that ttended this is to f my kno	Address  FIDAVIT to be completed where furnished by (First name of the complete of the complet	Date  Date  nen the attendant does not em 25.  the person whose name approached by the located)  have this birth recorded to the located by t
and at the place stated a related to this child as  25. Attendant's OWN signature  State of	(Mother, etc.)    SS.	M.D. Midwife  Aft I am the of age, that tended this is of my known and ay of	Address  FIDAVIT to be completed whim It (Mother, etc.)  I have known this person for both (Is now deceased) or (Cannot owledge, and that I desire to the complete to the comp	Date  nen the attendant does not em 25.  the person whose name approaches and years, and less located have this birth recorded to Sign.  Sign.  Less M.P.O. Ad.
and at the place stated a related to this child as  25. Attendant's OWN signature  State of	(Mother, etc.)  SS.  first duly sworn, say the own years  (Last name) bove are true to the besws.	M.D. Midwife  Aft I am the	Address  FIDAVIT to be completed where furnished by (First name of the complete of the complet	Date  nen the attendant does not the person whose name approached by the located

(1937 Session Laws, Chapter 139, Section 4)

	792-217-039-418			339949
25		nation is as of	date of birth of THIS child)	State File No
e ii		CERTIFICATE (	*	Local Reg. No
E S	Bureau of the Census	STATE OF	IDAHO	Reg. Dist. No
D certificate in or filing. Each	1. PLACE OF BIRTH (all ifems at time of this birth (a) County. (b) City. (c) Street Address or R.F.D. No County. (d) Name of Hospital or Maternity Home.  (e) Mother's stay BEFORE delivery:	20	2. USUAL RESIDENCE OF MOT  (a) State  (c) City  (d) Street Address or R.F.I  (e) How long has MOTHER  3. RESIDENCE OF FATHER (city	(b) County Latab D. No Janey - P. O.
E e	IN THIS county /O years months	days		
Mail COMPLETED ig. No charge for	4. FULL NAME (Larl Edna Libse 7. Twin or	m Lath If so—born	5. Date of Birth (Month, day	h of Child f 17th 1891
ပ္ညည္ရွိ		1st, 2nd, 3rd	of Pregnacy	9. Legitimate? Hes
ng this certificate. Mail oise, Idaho, for filing. in.	10. FULL SAME SAMULL SUBSON  11. Color 12. Age at time or Race White Manual of THIS birth  13. Birthplace (City or Jown) (State or foreign of Coupation Industry or Business	dyrs.	17. Color or Race White ()	Scuffia Day  18. Age at time of THIS birth, 3.7 yrs.
<u> </u>	22. Name prophylactic used to prevent Ophthalmia	Noonatomim	none	
E is a	23. Number of children of this mother: (a) At time			
5 <u>1</u> 2				orn arive and now niving
bon in tal Sta	24. I HEREBY CERTIFY That I attended the birt	TTENDANT'S C th of this child		M. on the date
er rib of Vi	and at the place stated above, and that persons related to this child as(Mother, etc.)	al particulars v	were furnished by(First name	) (Last name)
pewrit ureau / cent	25. Attendant's  OWN signature	M.D. Midwife	Address	Date
State B	State of County of Ss.  I, the undersigned, being first duly sworn, say the	hat I am the	FIDAVIT to be completed when in Item	25.
SLACK I	in Item 4 above, that Jam now year (First name) , who	rs of age, that	I have known this person for	years, and that
Ink or L ASS po advance	the facts on the certificate above are true to the b Chapter 139, 1937 Session Laws.	est of my know	wledge, and that I desire to h	ave this birth recorded under
XQ E	1/-			P. O. Address
BLAC IRST- ires a	Subscribed and sworn to before me, this	day of		
	(SEAL)	A. A		1 masson date
ng ng	(Note: Perjury is punishable as a felony in Idal	ho; see Sec. 17-	-914, Idaho Code Annotated.)	

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	United States (Be sure the information is as of Department of Commerce Bureau of the Census STATE Of	E OF BIRTH	340076 State File No
Each in	1. PLACE OF BIRTH (All items at time of this birth) (a) County. Washington (b) CityCraneCreek (c) Street Address or R.F.D. No	(c) City Crane Cre (d) Street Address or R.F.I	(b) County Washington ek
e for	(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days	3. RESIDENCE OF FATHER (city	lived in Idaho? 10 yrs. y, stateCrane Crdaho
COMPLE No charg	4. FULL NAME OF CHILD Elmer William Claiborn 7. Twin or 6. Sex male Triplet single 1st, 2nd, 3rd		y, year) Aug. 5, 1891
rd typewriter ribbon in completing this certificate. Mail COMPLETED certificate Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. If the cents, money order or coin.	10. FULL NAMEEdward Claiborn  11. Color white 12. Age at time or Race	16. FULL MAIDEN NAME Susie Walk 17. Color or Race. White 19. Birthplace. Martin C (City or town) 20. Exact Occupation Housew 21. Industry or Business Housew none. 1 including this child. 2 (b) B CERTIFICATE Ild, who was at (Born alive, stillborn) s were furnished by (First name	18. Age at time of THIS birth 19 yrs. O. Indania (State or foreign country)  if e  if e
Use only BLACK ink or BLACK Record bearing FIRST-CLASS postage to State copy requires an advance payment of fi	I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now	Mother of the Mo	be person whose name appears  51 years, and that  clocated)  ave this birth recorded under  Collow Signature  P. O. Address

(1937 Session Laws, Chapter 139, Section 4)

465108 044817 State File No.340167 United States (Be sure the information is as of date of birth of THIS child) Local Reg. No..... Department of Commerce CERTIFICATE OF BIRTH STATE OF IDAHO Bureau of the Census Reg. Dist. No..... 1. PLACE OF BIRTH (A) items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Washington (b) City Count (a) State Jaks (b) County washing (c) Street Address or R.F.D. No. (c) City Council (d) Name of Hospital or Maternity Home: • (d) Street Address or R.F.D. No..... (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho?...2 RESIDENCE OF FATHER (city, state) Council IN THIS county months days 5. Date of Birth of Child 4. FULL NAME (Month. day. year).....77. If so-born 7. Twin or 8. No. months 6. Sex Triplet 1st, 2nd, 3rd of Pregnacy 9. Legitimate? 🗸 THER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN / 10. FULL 11. Color 17. Color or Race...... of THIS birth 2 vrs. 19. Birthplace..... usyon i ou (State or foreign country) (City or town) 14. Exact 20. Exact Occupation ...... Occupation ..... 15. Industry or Industry or Business Rusiness 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was.... (Born alive, stillborn) and at the place stated above, with at personal particulars were furnished by ...... 25. Attendant's M.D. **OWN** signature Midwife Address Date State of Oregon County of Marion AFFIDAVIT to be completed when the attendant does not sign in Item 25. I, the undersigned, being first duly sworn, say that I am the old neighbor of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for Over 50 years, and that who attended this birth dead or cannot be located further state that woman (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. 532 M Summer SI Salum Dr. P. O. Address Subscribed and sworn to before me this 7th day of April Notary Public, residing at Sal (SEAL) Com. expires 3 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Jelaho Code Approprated.) Received for filing on......

(1937 Session Laws, Chapter 139, Section 4)

852-200001-213 State File N.340238 United States (Be sure the information is as of date of birth of THIS child) Local Reg. No..... Department of Commerce CERTIFICATE OF BIRTH Reg. Dist. No..... Bureau of the Census STATE OF IDAHO 2. USUAL RESIDENCE OF AOTHER (At time of this birth) 1. PLACE OF BIRTH (All items at time of this irth) (a) County...... (b) City. (a) State (b) County (c) Street Address or R.F.D. No. William ( (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. 7. 7. 1 Don at some (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho?.....yrs. years days 3. RESIDENCE OF FATHER (city, state) IN THIS county months 5. Date of Birth of Child 4. FULL NAME (Month, day, year) 2-20-If so-born 8. No. months no 6. Sex **4** Triplet 9. Legitimate? 1st, 2nd, 3rd of Pregnacy MOTHER OF CHILD . 10. FULL 16. FULL MAIDEN 11. Color 17. Color 18. Age at time of THES birth... or Race... of THIS birth.... 13. Birtiblace.... 19. Birthplace (State or foreign country) (City or town) (State or foreign country) 20. Exact Exact Occupation .... Occupation ..... 21. Industry or 15. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by......, who is "stated to this shild as" (Last name) related to this child as..... (Mother, etc.) 25. Attendant's M.D. OWN signatu Midwife Address Date State of..... AFFIDAVIT to be completed when the attendant does not sign County of ... in Item 25. I, the undersigned, being first duly sworn, say that I am the...... of the person whose name appears , who attended this birth \_\_\_\_\_\_\_ I further state that (Last name) (Last name) the fasts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this ..... Notary Public, residing at 31 (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

	PLACE OF BIRTH (All items at time of this birth)  (a) County Drelda (b) City Preston  (c) Street Address or R.F.D. No. Suttain 4 F. 2 S. t.  (d) Name of Hospital or Maternity Home:  131 11 21 11 21 2	2. USUAL RESIDENCE OF MOT  (a) State 2 a av  (c) City 7 C S t 0)	
4.	(e) Mother's stay BEFORE delivery: IN THIS county 2 years 3 months days	(d) Street Address or R.F.I  (e) How long has MOTHER  3. RESIDENCE OF FATHER (cit	2 D. No.Sauth, 4 <sup>14</sup> Ca. lived in Idaho? 30
	FULL NAME OF CHILD  This control of the control of	8. No. months	h of Child Rec. 8. 18.  9. Legitimate? 4.
11 13 14 	FATHER OF CHILD  NAME Sold Sold Sold Sold Sold Sold Sold Sold	16. FULL MAIDEN 1777 Color or Race 17. Color or Race 19. Birthplace 17. O. d. Color town)  20. Exact Occupation 19. Color town)  21. Industry or Business 10. 17. Color town	18. Age at time of THIS birth 2/ 2. 72 , U t d la. (State or foreign country )1 e T
ş –	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this chand at the place stated above, and that personal particular related to this child as	ild, who was 35 rm Aliveat (Born alive, stillborn)	5 or 6 P. M. on the c
25	M.D.  OWN signature  (Mother, etc.)  M.D.  Midwife	e Address	Date
5	I, the undersigned, being first duly sworn, say that I am the	AFFIDAVIT to be completed when in Item  7720 1/2 e. 7 of the complete of the c	n 25. he person whose name appe
2 //	Item 4 above that I am now	s birth 18 now deceased) or (Cannot be	d Sed I further state
e Apr	e facts on the certificate above are true to the best of my knapter 130, 1937 Session Laws.  [Vesent Temporary address Solona Beach, 27/]	Imeda I.	Telsow Signa
ne soliupor	Subscribed and sworn to before me this had day of	Notary Public, residing a	., 19. 4.2

(1937 Session Laws, Chapter 139, Section 4)

(Be sure the information is as of date of birth of THIS child) State File No.... Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) 1. PLACE OF BIRTH:
(a) County.....Latah.....(b) City...... (a) State Idaho (b) County Latah (c) Street Address or R F.D No.....(d) Name of Hospital or Maternity Home: (c) City near Genegge (d) Street Address or R.F.D. No..... (e) Mother's stay BEFORE delivery: (e) How long has MOTHER lived in Idaho? \_\_\_\_10\_\_\_vrs. In Hosp. or Mat. Home......days.
In THIS county years days. 3. RESIDENCE OF FATHER (city, state)...Idaho...... 4. FULL NAME 5. Date of Birth of CHILD Melvin George Wardrobe (Month, day, year) 2/24/1891 If so—born 1st, 2nd, 3rd 7. Twin or 8. No. months 6. Sex. Male 9. Legitimate yes Triplet of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Isabelle Slack 10. FULL Andrew M. Wardrobe NAME Color White 12. Age at time 17. Color white 18. Age at time of 11. Color THIS birth.......36...years Race 19. Birthplace England (State or foreign country) Glasgow, Scotland tland
(State or foreign country) (City or town) farming 20. Exact 14. Exact Occupation house wife Occupation.... 21. Industry or 15. Industry or for self, Grains. farmer Business..... (c) Born alive and now dead...... (d) Stillborn..... and at the place stated above, and that personal particulars were furnished by (First name) (Last name) (Last name) 26. (a).....(Date received) 25. Attendant's (Registrar's signature) 27. Given name added on.....by....(Registrar's signature) Date and address Idaho AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE-LOCATED. State of..... Latah County of I. Ella Nora Armstrong being first duly sworn, say that I am a related to (or) acquainted with)

Melvin G. Nardrobe as a sister (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Beck who attended said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Beck who attended (Name of attendant at birth) (Name of attendant a mont deceased (or) sannot be meated)

(In now deceased (or) sannot be meated) Lewiston. Idaho / P.O. Address 4th day of April 1942 Subscribed and sworm to before me or Notary Public, residing at Genesee, Idaho

(1937 Session Laws, Chapter 139, Section 4)

Department of Compare 5	942 CERTIFICAT	of date of birth of THIS child) TE OF BIRTH DE IDAHO	State File No
1. PLACE OF BIRTH (All items at a countyAda	t time of this birth) (b) City	2. USUAL RESIDENCE OF MC  (a) State Idaho  (c) City Boise  (d) Street Address or R.I  (e) How long has MOTH	THER (At time of this birth (b) County
7 Twin	and Davis		rth of Child ay, year)Nov22, 189
6. Sex Male Triple		of Pregnacy 9	9. Legitimate? Yes
10. FULL NAME John Allen De 11. Color or Race White 12 or Race Shelby Cour 13. Birthplace Shelby Cour 14. Exact Occupation Barber 15. Industry or Business	Age at time of THIS birth 35 yrs. ty Missouri (State or foreign country)	17. Color or Race	son Ragland  18. Age at time  18. Age at time  34.  18. Age at time  34.  18. Age at time  34.  19. (State or foreign country)  19. (State or foreign country)
23. Number of children of this r	nother: (a) At time of birth an  ATTENDANT'S  I attended the birth of this ch	CERTIFICATE  tild, who was	Born alive and now living
23. Number of children of this r  24. I HEREBY CERTIFY That  and at the place stated above related to this child as	ATTENDANT'S  I attended the birth of this che, and that personal particular  (Mother, etc.)	d including this child	Born alive and now living
23. Number of children of this r 24. I HEREBY CERTIFY That	ATTENDANT'S  I attended the birth of this che, and that personal particular  (Mother, etc.)  M.D.	id including this child	Born alive and now living
23. Number of children of this r  24. I HEREBY CERTIFY That  and at the place stated above related to this child as	ATTENDANT'S  I attended the birth of this che we, and that personal particular  (Mother, etc.)  M.D.  Midwife	id including this child	Born alive and now living
23. Number of children of this r  24. I HEREBY CERTIFY That  and at the place stated above related to this child as	I attended the birth of this che, and that personal particular (Mother, etc.)  M.D. Midwife (Mother, etc.)  **Ss.**  It duly sworn, say that I am the years of age, the (Last name) the are true to the best of my keep and the control of the control	id including this child	Born alive and now living
23. Number of children of this r  24. I HEREBY CERTIFY That  and at the place stated above related to this child as	I attended the birth of this che, and that personal particular (Mother, etc.)  M.D. Midwife  ss.  at duly sworn, say that I am the years of age, the (Last name)  (Last name)  e are true to the best of my keep and the control of the	id including this child	Date  Date  The person whose name apportunity and person whose name apport
23. Number of children of this r  24. I HEREBY CERTIFY That and at the place stated above related to this child as  25. Attendant's OWN signature  State of Idaho County of ADa  I, the undersigned, being first in Item 4, above, that I am now.  Mrs. Hibler, midwife  (First name) the facts on the certificate above Chapter 139, 1937 Session Laws.  Subscribed and sworn to be (SEAL)	I attended the birth of this che, and that personal particular (Mother, etc.)  M.D. Midwife (Mother, etc.)  Ss. St duly sworn, say that I am the (Last name) who attended this (Last name) are true to the best of my keep fore me this 13 40 day of the contraction	id including this child	Date  Date  men the attendant does not seem 25.  the person whose name apportunity of the located) have this birth recorded un  Light Signal Light P.O. Add  1947.

(1937 Session Laws, Chapter 139, Section 4)



165 229 036 234 United States (Re sure the in		340343
United States (Be sure the in Department of Commerce	formation is as of date of birth of TE CERTIFICATE OF BIRTH	IIS child) State File No
Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this b (a) County	(a) State	CE OF MOTHER (At time of this birth)  AH. (b) County
4. FULL NAME MARY JONES	F 1	Date of Birth of Child (Month, day, year) 5-29-189.
7 Turin or	If so—born 8. No. m	
FATHER OF CHILD  10. FULL WILLIAM P. JONE  11. Color or Race WHIRE of THIS birth  13. Birthplace MALAO FOR 12.  14. Exact Occupation FARMER  15. Industry or Business	17. Color or Race W.A.  19. Birthplace	MOTHER OF CHILD  RACHEL STURRS  18. Age at time Of THIS birth 2.0 yr.  MALAR FRAHA City or town) (State or foreign country)  HOUSE WIFE
23. Number of children of this mother: (a) At 24. I HEREBY CERTIFY That I attended the	ATTENDANT'S CERTIFICATE birth of this child, who was(Born alive	atM. on the dat
and at the place stated above, and that per related to this child as(Mother, etc.)	sonal particulars were furnished by	(First name) (Last name)
25. Attendant's OWN signature	M.D. Midwife Address	Date
State of T. D.A.H. o. County of Q.N.E.I.D.A.	AFFIDAVIT to be con	npleted when the attendant does not sig in Item 25.
I, the undersigned, being first duly sworn, so in Item 4, above, that I am now	(Mother, etc.) years of age, that I have known this	person for
(First name) (Last name) the facts on the certificate above are true to the Chapter 139, 1937 Session Laws.	he best of my knowledge, and that I	desire to have this birth recorded under
Subscribed and sworn to before me this	1) the day of Phile	Idaho P.O. Addres 19 19 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
Descripted for filling of	daho; see Sec. 17-914, Idaho Code A	Registra

(1937 Session Laws, Chapter 139, Section 4)

-		of date of birth of THIS child)	State File No.
	Department of Commerce CERTIFICATI Bureau of the Census STATE O		Local Reg. No
	. PLACE OF BIRTH (All items at time of this birth)  (a) County KOOTENEY (b) City Coeur D Alen  (c) Street Address or R.F.D. No	(c) City COOUT D. A. (d) Street Address or R.F.I. (e) How long has MOTHER 3. RESIDENCE OF FATHER (city	(b) County Kooteney lene ). No
	7. Twin or If so—born	2 No months	h of Child y, year) June 26,189
-	Sex Female Triplet NO 1st, 2nd, 3rd		
1	O. FULL Warren Wells Baldwin	MOTHER ( 16. FULL MAIDEN Selina	Viole Guire
1	1. Color or Race Caucasian 12. Age at time of THIS birth 44 yrs. 3. Birthplace (City or town) (State or foreign country) 4. Exact Occupation Deputy Sheriff 5. Industry or Business Sheriff Office	17. Color or Race Caucasian  19. Birthplace Den Yer.  20. Exact Occupation House Williams House	18. Age at time of THIS birth 31 y Colorado (State or foreign country)
3 - 2	22. Name prophylactic used to prevent Ophthalmia Neonatorum.		
	3. Number of children of this mother: (a) At time of birth and		
ts, mor	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this chi and at the place stated above, and that personal particulars related to this child as	ild, who wasatat	who
8 ~	OWN signature Midwife	Address	Date
g s	state of Utah ss.	AFFIDAVIT to be completed when in Item	
	Subscribed and sworn to before me this 30 day of	(Mother, etc.) at I have known this person for s birth is now deceased (Is now deceased) or (Cannot be nowledge, and that I desire to h Price, Utah March	50years, and the located ave this birth recorded und Signature
uires an a	(SEAL)	MULALA LIBITA LEGITIDA O	
requires an a	(SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec.	Notary Public, residing a 17-914, Idaho Code Annotated. W.	com.exp.5-1-43

198 14 1142

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

6/4'/23-028-793 United States (Be sure the property of Commerce Bureau of the Census	information is as of CERTIFICATI STATE OI		340396  State File No
1. PLACE OF BIRTH (All items at time of this (a) CountyKOO.tenai (b) City	Rathdrum	(c) City <u>Rathdrum</u> (d) Street Address or R.F. (e) How long has <b>MOTHE</b>	THER (At time of this birth)  (b) CountyKOO.tenai  D. No
(e) Mother's stay BEFORE delivery: IN THIS county 7 years mon  4. FULL NAME OF CHILD Claude Waddell 7. Twin or 6. Sex Male Triplet  FATHER OF CHILD  10. FULL NAME George C. Waddell	If so—born 1st, 2nd, 3rd	8. No. months	y, year) Jan 23, 1891
11. Color 12. Age at time or Race White of THIS bir 13. Birthplace Mountain View, Mi (City or town) (State or for Occupation Laborer 15. Industry or Business	oreign country)	16. FULL MAIDEN NAME Martha Ja  17. Color or Race White 19. Birthplace Decature 20. Exact (City or town) Occupation HOUS 63 21. Industry or Business	(State or foreign country)
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
and at the place stated above, and that perelated to this child as	ersonal particulars	s were furnished by(First nam	
County of KOO tenal ss.		AFFIDAVIT to be completed who in Item	en the attendant does not sign m 25.
I, the undersigned, being first duly sworn, in Item 4, above, that I am now	who attended this the best of my ki  R  11th day of	at I have known this person for s birth NOW deceased or (Cannot nowledge, and that I desire to a thdrum. Idaho.  April Notary Public, residing	51 years, and that
Received for filing on	R131942	by Maly 1 1 1 1 1	, Registra

(1937 Session Laws, Chapter 139, Section 4)



464105 022819 State File No.340410 (Be sure the information is as of date of birth of THIS child) United States Local Reg. No..... Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No.... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County FAEMONA (b) City A19RY (a) State 124 HO (b) County FREMONP (c) Street Address or R.F.D. No..... (c) City A/2B(d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? \_\_\_\_\_vrs. (e) Mother's stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) 7/9 R/ /DA. IN THIS county months davs 4. FULL NAME PUFUS LEONARD DO MAN 5. Date of Birth of Child 5% of OEC. 1891 7. Twin or 8. No. months 6. Sex MALE 1st. 2nd, 3rd 9. Legitimate? VES Triplet of Pregnacy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NIE MARIA 10. FULL CHARLIE DOMAN. NAME.... WHITE 12. Age at time 11. Color 17. Color 18. Age at time or Race... of THIS birth J. yrs. or Race. of THIS birth.....yrs. 19. Birthplace CARALLY HEREFORDSHIRE ENGLAND (City or town) 20. Exact 14. Exact Occupation FARMER Occupation House WIFE 21. Industry or 15. Industry or Business FARM/Ng.

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

Business FARM/Ng. 23. Number of children of this mother; (a) At time of birth and including this child. (b) Born alive and now living. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by......, who is related to this child as..... (Mother, etc.) M.D. Attendant's. Midwife Address OWN signature Date State of..... AFFIDAVIT to be completed when the attendant does not sign County of Deffense in Item 25. I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth Cannot be located further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this \_\_\_\_\_\_ rn to before me this fin day of afraid 1942 1 Odal (SEAL) (Note: Perjury is punishable as a clony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	CERTIFICATI STATE OI		State File No
1. PLACE OF BIRTH (All items at (a) CountyBannock ( (c) Street Address or R.F.D. N (d) Name of Hospital or Mater  (e) Mother's stay BEFORE deliv IN THIS county 8 year	b) City Sode Springs  for mity Home: ery:	2. USUAL RESIDENCE OF MOT  (a) State Idaho  (c) City Soda Spri  (d) Street Address or R.F.  (e) How long has MOTHER  3. RESIDENCE OF FATHER (cit	(b) County Bannock
4. FULL NAME Margaret		5. Date of Bir	
6. Sex Female 7. Twin or Triplet		8. No. months	
10. FULL NAME Donald Toly 11. Color or Race White 12. 13. BirthplaceMarybourgh, 14. Exact Occupation Stockman 15. Industry or Business Cattle	Age at time of THIS birth 46 yrs.	16. FULL MAIDEN NAME Annabe 17. Color or Race White 19. Birthplace Munlocky (City or town) 20. Exact Occupation House 21. Industry or Business	18. Age at time 33 of THIS birth 33 ROShire, Scotla (State or foreign count)
22. Name prophylactic used to pre 23. Number of children of this mo			
<ul><li>23. Number of children of this mo</li><li>24. I HEREBY CERTIFY That I and at the place stated above</li></ul>	ATTENDANT'S attended the birth of this chi and that personal particulars	l including this child (b) I  CERTIFICATE  ld, who was	Born alive and now living
23. Number of children of this mo	ATTENDANT'S attended the birth of this chi and that personal particulars	certificate ld, who was	Born alive and now living
23. Number of children of this model.  24. I HEREBY CERTIFY That I and at the place stated above related to this child as	ATTENDANT'S attended the birth of this chi , and that personal particulars  (Mother, etc.)  M.D. Midwife  ss. duly sworn, say that I am the.	I including this child	Date en the attendant does not n 25.  Che person whose name ap
23. Number of children of this model.  24. I HEREBY CERTIFY That I and at the place stated above related to this child as	ATTENDANT'S attended the birth of this chi , and that personal particulars  (Mother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the.  years of age, the , who attended this	I including this child	Date  In the attendant does not
23. Number of children of this model.  24. I HEREBY CERTIFY That I and at the place stated above related to this child as	ATTENDANT'S attended the birth of this chi , and that personal particulars (Mother, etc.)  M.D. Midwife  Ss.  duly sworn, say that I am the years of age, the are true to the best of my kn  re me this  day of	I including this child	Date  In the attendant does not

(1937 Session Laws, Chapter 139, Section 4)

-	nent of Commerce of the Census			TE OF BIRTH OF IDAHO	·	State File No Local Reg. No Reg. Dist. No	D <b></b>
(a) C (c) S (d) N (e) N	fother's stay <b>BEFORI</b>	(b) City F.D. No	Rathdrum	2. USUAL RESIDENCE  (a) StateId.  (c) CityRatl  (d) Street Addre  (e) How long he  3. RESIDENCE OF FA	eho hdrum ess or R.F.C	(b) County  No. 1016	Kootna
A EIII I	NAME			5. I	ate of Birth	n of Child	
OF C		shall				, year)Mar.	16.,1
6. Sex		win or riplet	If so—born 1st, 2nd, 3r	8. No. mo	onths gnacy 9	9. Legitim	ate?
	TAMATA	R OF CHILD			MOTHER (	<del></del>	Ye Ye
10. FULI	L			16. FULL MAIDEN	MOIIIER (	77-4-77-	in a trans
NAA 11. Colo	AE.William.J.	osephMa	rshall	16. FULL MAIDEN, NAME	rances	LSUGILE . 18. Age at time	Mittan
or R	r tace. Wh. jtd. JOS hplace. City or town	of THI	S birthyrs.	or RaceWh.i.	ta	of THIS bi	rth3.7
13. Birt	hplace St. Jos	eph Mo	•	or Race		191	m.
14. Exa	(City or town	i) (Sta	te or foreign country)				
Occi	ipation Farmer			Occupation H	ouse wi	16	••••••
15. Indu	stry or ness <b>Farmi</b>			21. Industry or Business			
Dusi	TICOD BEST LINES						
		_		1	<del></del>		
	ne prophylactic used	to prevent O		n			
	ne prophylactic used	to prevent O	a) At time of birth a	nnd including this child			
23. Nun	ne prophylactic used nber of children of the	to prevent Ophis mother: (	A) At time of birth a	nnd including this child  S CERTIFICATE	<b>7</b> (b) Bo	orn alive and n	ow living4
23. Nun	ne prophylactic used nber of children of the	to prevent Ophis mother: (	A) At time of birth a	nnd including this child  S CERTIFICATE	<b>7</b> (b) Bo	orn alive and n	ow living4
23. Nun 24. I HI and	ne prophylactic used nber of children of the EREBY CERTIFY 1	to prevent Ophis mother: (a  That I attende  above, and th	ATTENDANT' ed the birth of this clust personal particula	nnd including this child		orn alive and n	.M. on the
23. Num 24. I HI and relat	ne prophylactic used nber of children of the EREBY CERTIFY T at the place stated ted to this child as	to prevent Ophis mother: (a  That I attende  above, and th	ATTENDANT' ed the birth of this clust personal particula er, etc.)	nd including this child  S CERTIFICATE hild, who was(Born alive,		orn alive and n	ow living.4
23. Num 24. I Hi and relat 25. Atte	ne prophylactic used nber of children of the EREBY CERTIFY T at the place stated ted to this child as	to prevent Ophis mother: (a  That I attende  above, and th	ATTENDANT' ed the birth of this clust personal particula	n including this child  S CERTIFICATE hild, who was(Born alive, rs were furnished by		orn alive and n	.M. on the
23. Num 24. I HI and relat 25. Atte	ne prophylactic used nber of children of the EREBY CERTIFY To at the place stated ted to this child as	to prevent Ophis mother: ()  That I attended above, and the ()  ()Moth	ATTENDANT' ed the birth of this clust personal particula er, etc.) M.D. Midwif	n including this child  S CERTIFICATE hild, who was(Born alive, rs were furnished by		(Last na) Date	.M. on the, wh
23. Num 24. I Hi and relat 25. Atte OWI State of County I. th	ne prophylactic used nber of children of the EREBY CERTIFY To at the place stated ted to this child as andant's a signature  Staglic ne undersigned Deine	to prevent Ophis mother: (s)  That I attended above, and the (Mother)  Con	ATTENDANT' ed the birth of this clust personal particula er, etc.) M.D. Midwif ess.	n	atatstillborn)  (First name)  pleted wher in Item	CLast nate the attendant 25.	.M. on the, who the does not
23. Num 24. I HI and relat 25. Atte OWI State of County I. th	ne prophylactic used nber of children of the EREBY CERTIFY To at the place stated ted to this child as andant's a signature  Staglic ne undersigned Deine	to prevent Ophis mother: (s)  That I attended above, and the (Mother)  Con	ATTENDANT' ed the birth of this clust personal particula er, etc.) M.D. Midwif ess.	n	atatstillborn)  (First name)  pleted wher in Item	CLast nate the attendant 25.	.M. on the, when the does not
23. Num 24. I HI and relat 25. Atte OWI State of County I, the	at the place stated ted to this child as  Indian's washingt with the place stated to the child as  Indian's washingt wash	to prevent Ophis mother: (a)  That I attended above, and the (Mother)  That I	ATTENDANT' ed the birth of this clust personal particula er, etc.) M.D. Midwif ess. erorn, say that I am th	nd including this child  S CERTIFICATE hild, who was(Born alive, rs were furnished by  de Address  AFFIDAVIT to be com  (Mother, etc.) hat I have known this	at	CLast nate the attendant 25.  The person whose nice Mar.	.M. on the, where the contract of the co
23. Num 24. I HI and relat 25. Atte OWI State of County I, the in Item Midwing (First	ne prophylactic used nber of children of the EREBY CERTIFY The at the place stated ted to this child as Indant's Insignature Insignatur	to prevent Ophis mother: (a)  That I attended above, and the (Mother)  That I	ATTENDANT' ed the birth of this clust personal particula.  er, etc.)  M.D.  Midwif  ess.  forn, say that I am th years of age, th years of age, th years of age, th years of age, th	nd including this child  S CERTIFICATE hild, who was	at	CLast national Date on the attendant 25.  The person whose nce Mar.	.M. on the, where the contract of the co
23. Num 24. I Hi and relat 25. Atte OWI State of County I, the in Item Midwith (First the fact.)	the prophylactic used aber of children of the place of the place stated to this child as  Indant's washingt of Skagib  The undersigned being the place of the certificate of the place of the p	to prevent Ophis mother: (a)  That I attended above, and the (Mother)  That I attended above, and the (Mother)  That I attended above, and the (Mother)  That I attended above are true above are true and the (Mother)	ATTENDANT' ed the birth of this clust personal particula.  er, etc.)  M.D.  Midwif  ess.  forn, say that I am th years of age, th years of age, th years of age, th years of age, th	nd including this child  S CERTIFICATE hild, who was(Born alive, rs were furnished by  e Address  AFFIDAVIT to be compared to the	at	CLast national Date on the attendant 25.  The person whose nce Mar.	.M. on the, where the contract of the co
23. Num 24. I Hi and relat 25. Atte OWI State of County I, the in Item Midwith (First the fact.)	ne prophylactic used nber of children of the EREBY CERTIFY The at the place stated ted to this child as Indant's Insignature Insignatur	to prevent Ophis mother: (a)  That I attended above, and the (Mother)  That I attended above, and the (Mother)  That I attended above, and the (Mother)  That I attended above are true above are true and the (Mother)	ATTENDANT' ed the birth of this clust personal particular er, etc.) M.D. Midwif ess.  forn, say that I am th	n	at	Date  1 the attendant 25.  1 the person whose 1 nce Mar.  1 dulocated) 2 ave this birth	.M. on the common white does not a name applyears, and ther state recorded un
23. Num 24. I Hi and relat 25. Atte OWI State of County I, the in Item Midwith (First the fact.)	the prophylactic used aber of children of the place of the place stated to this child as  Indant's washingt of Skagib  The undersigned being the place of the certificate of the place of the p	to prevent Ophis mother: (a)  That I attended above, and the (Mother)  That I attended above, and the (Mother)  That I attended above, and the (Mother)  That I attended above are true above are true and the (Mother)	ATTENDANT' ed the birth of this chart personal particular er, etc.) M.D. Midwif ess.  forn, say that I am th	nd including this child  S CERTIFICATE hild, who was	at	Date  1 the attendant 25.  1 the person whose 1 che	.M. on the, where the control of the control
23. Num 24. I Hi and relat 25. Atte OW) State of County I, the in Item Midwith (First the fact Chapter)	at the place stated ted to this child as endant's signature  Washingt of Skagit  ne undersished Deing 4, above that I am 1 for the same than 139, 1937 Session D	to prevent Ophis mother: ()  That I attended above, and the Mothesian Mothes	ATTENDANT' ed the birth of this clust personal particular er, etc.)  M.D. Midwif  Tess.  Forn, say that I am th  L	nd including this child  S CERTIFICATE hild, who was	pleted where in Item  of the person for a confidence or (Cannot be desire to he ded to wood and the confidence or the co	Clast nate of the attendant 25. The person whose nce Mar.  Od I fur located) ave this birth	M. on the comment does not a name appropriate the state recorded un
23. Num 24. I Hi and relat 25. Atte OW) State of County I, the in Item Midwith (First the fact Chapter)	at the place stated ted to this child as  at the place stated ted to this child as  andant's  signature  Mashingt  of Skagib  ne undersigned, being  4, above, that I am  to an index signature  139, 1937 Session II	to prevent Ophis mother: (a)  That I attended above, and the (Mother)  That I attended above are true away.	ATTENDANT  ed the birth of this clust personal particula  er, etc.)  M.D.  Midwif  ess.  forn, say that I am th  years of age, th  et to the best of my I  et to the best of my I  AU  AU  AU  his.  ATTENDANT  M.D.  M.D.  Midwif  ess.	nd including this child  S CERTIFICATE hild, who was	at stillborn at st	CLast national Date of the attendant 25. The person whose nce Mar.  Od I fur located) ave this birth colley, Wn	M. on the description of the last state recorded unSigna
23. Num  24. I HI  and relat  25. Atte  OWI  State of County  I, ti in Item  Midw.  (Firsthe fact Chapter  Sub	at the place stated ted to this child as  at the place stated ted to this child as  I signature  Washingt  of Washingt  of Jojet M  t name  s on the certificate  139, 1937 Session L  scribed and sworn to  (SEAL)	to prevent Ophis mother: (and is mother: (b)  That I attended above, and the (Mother)  (Mother)  That I attended above, and the (Mother)  (Mother)  That I attended above, and the (Mother)  (Last name above are true aws)  The observe me the (Mother)	ATTENDANT  at time of birth at  ATTENDANT  at the birth of this class at personal particula  ber, etc.)  M.D.  Midwiff  ass.  forn, say that I am th  complete to the best of my left at the best of my left a	nd including this child  S CERTIFICATE hild, who was	at stillborn at st	CLast national Date of the attendant 25. The person whose nce Mar.  Od I fur located) ave this birth colley, Wn	M. on the, where the content of the content o
23. Num 24. I HI and relat 25. Atte OW State of County I, the in Item Midwi (First the fact Chapter Sub	at the place stated ted to this child as  at the place stated ted to this child as  I signature  Washingt  of Washingt  of Jojet M  t name  s on the certificate  139, 1937 Session L  scribed and sworn to  (SEAL)	to prevent Ophis mother: (In that I attended above, and the Mother of th	ATTENDANT' ed the birth of this clust personal particular er, etc.)  M.D. Midwiff ess.  Forn, say that I am th  years of age, ti  who attended the eto the best of my least of the best of the best of my least of the best of my least of the best of my least of the best of	nd including this child  S CERTIFICATE hild, who was	pleted wher in Item of the person for decease or (Cannot be desire to he desire to	CLast national Date of the attendant 25. The person whose nce Mar.  Od I fur located) ave this birth colley, Wn	M. on the  M. on the  does not  ne)  t does not  ne)  t does not  and app  ther state  recorded un  ne

MAR 9 1956

JUL 2 1959

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

CERTIFICATE	OF BIRTH	State File N340574 Local Reg. No.
STATE OF	IDAHO	Reg. Dist. No
3 days	(a) State Idaho (c) City Kellogg (d) Street Address or R.F. (e) How long has MOTHER	(b) County Shoshone  D. No
	5. Date of Birt	h of Child
If so-born	8. No. months	y, year)May181891. rular <sup>o</sup> . Legitimate? Yes
•	MOTHER	OF CHILD
yrs.	17. Color or Race White  19. Birthplace Venne (City or town)	18. Age at time of THIS birth 21
Neonatorum	None	*************************************
of birth and	including this child.threeb) I	Sorn alive and now living.Six
	(Born anve, stundorn)	
al particulars	were furnished by(First name	(Last name)
M.D. Midwife	Address	Date
	FIDAVIT to be completed whe	n the attendant does not si
rs of age, that	I have known this person for.	all years, and the
attended this	birth deceased (Is now deceased) or (Cannot b	I further state the located)
est of my kpt	Miledge, and that I desire to	nave/chis birth_recorded und
est of my kp	Wiedge; and that I desire to	nave/this birth recorded und
115 Par	April, 1942  Notary Public, residing	Signatu Ano P. O. Addre
	3 days  y	(a) State Idaho (c) City Kellogg (d) Street Address or R.F.J. (e) How long has MOTHER 3. RESIDENCE OF FATHER (cit y (Month, da) If so—born 1st, 2nd, 3rd  8. No. months of Pregnacy Reg  MOTHER  16. FULL MAIDEN NAME Minnie I 17. Color or Race White 19. Birthplace Yenne (City or town) 20. Exact Occupation Housewife 21. Industry or Business Neonatorum None of birth and including this child. three(b) E  TTENDANT'S CERTIFICATE th of this child, who was (Born alive, stillborn) al particulars were furnished by (First name)  M.D.

APR 3 3 1942

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

666/113040-593 State File No.340726 United States (Be sure the information is as of date of birth of THIS child) Department of Commerce Local Reg. No..... CERTIFICATE OF BIRTH STATE OF IDAHO Bureau of the Census Reg. Dist. No..... (c) City WALLAGE
(d) Street 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County SHOSHONE (b) City WALLACE (c) Street Address or R.F.D. No. UNKNOWN (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. UNKNOWN `Was born at home (e) Mother's stay BEFORE delivery: Believe 3 IN THIS county days vears months 4. FULL NAME 5. Date of Birth of Child REUBEN FILLMORE WOOD (Month, day, year) SEPT. 13, 1891. OF CHILD..... 7. Twin or 8. No. months 6. Sex Male Triplet 1st, 2nd, 3rd 9. Legitimate? YES of Pregnacy **FATHER OF CHILD** MOTHER OF CHILD 10. FULL CHARLES ADDI WOOD 16. FULL MAIDEN ELIZA ALICE NICKERSON NAME. NAME. 11. Color 12. Age at time 17. Color 18. Age at time WHITE or Race THIS birth 42 yrs.

13. Birthplace STANSTEAD, QUEBEC, CANADA (City or town) (State or foreign country) (City or town) 20. Exact 14. Exact. HOUSEWIFE OWNER Occupation ..... Occupation ..... 15. Industry or RESTAURANT & BAKERY 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by......, who is related to this child as....(Mother, etc.) 25. Attendant's M.D. **OWN** signature Midwife Address Date State of IDAHO
County of SHUGHUNE AFFIDAVIT to be completed when the attendant does not sign in Item 25. in Item 4, above, that I am now. Search say that I am the Mother, etc.)

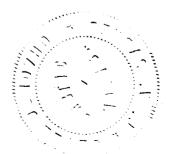
Doctor

Who attended this high - (First name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this MAR 2 day color (SEAL) , Notary Public, residing at (Note: Perjury is punishable as a felony in Idaho; see Sec. 11-916, Idaha Cade Annatara) Subscribed and sworn to before me this MAR 2 Received for filing on APR 1 6 1942.

OCT 24 1952

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



-	TE OF BIRTH Local Reg. No
Bureau of the Census STATE (	OF IDAHO Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County	2. USUAL RESIDENCE OF MOTHER (At time of this birt (a) State (b) County Jeffer (c) City Rigby-2,
none	(d) Street Address or R.F.D. No
(e) Mother's stay <b>BEFORE</b> delivery: IN THIS county years months days	(e) How long has MOTHER lived in Haho by 3. RESIDENCE OF FATHER (city, state)
4. FULL NAME Robert Corlett McNeil	5. Date of Birth of Child Jan 8-18 (Month, day, year)
6. Sex male 7. Twin or Triplet single If so-born 1st, 2nd, 3r	
FATHER OF CHILD	MOTHER OF CHILD
10. FULL Robert Corlett McNeil	16. FULL MAIDEN Dora Bell Lister
11. Color white 12. Age at time of THIS birth 29 vrs.	17. Color white 18. Age at time 27 of THIS birth 27
or Race Bountiful, of THIS birth yrs.  13. Birthplace Bountiful, Utah.	or Race of THIS birth 27  19. Birthplace Terra Haute, Indiana  (City or town) (State or foreign count)
(City or town) (State or foreign country)  14. Exact farmer	20. Exact (City or town) (State or foreign country house wife
Occupation	Occupation
15. Industry or Business farmer	21. Industry or Business housewife
22. Name prophylactic used to prevent Ophthalmia Neonatorus	n dont know
23. Number of children of this mother: (a) At time of birth a	
ATTENDANT	S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this c	hild, who was BOFN allve, stillborn (Born alive, stillborn)
and at the place stated above, and that personal particula related to this child as NOT. TELETED.	rs were furnished by myself were furnished by we
related to this child as DO. FELA TRO. (Mother, etc.)	(First name) (Last name)
25 Attendant's	e Address Rigby, Idaho Date Apr 1
State of	<b>AFFIDAVIT</b> to be completed when the attendant does not in Item 25.
	eof the person whose name ap
in Item 4, above, that I am nowyears of age, t	hat I have known this person foryears, and
(First name), who attended the	nis birth
the facts on the certificate above are true to the best of my	
Chapter 139, 1937 Session Laws.	Q:
Chapter 139, 1931 Bession Daws.	Sign
Subscribed and sworn to before me thisday o	

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	United States  Department of Commerce  Bureau of the Census  (Be sure the information is as of CERTIFICATION STATE		State File No. 340758 Local Reg. No. Reg. Dist. No.
certificate in filing. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) County Ne2 Perce (b) City Forest (c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MOT  (a) State Idah.o  (c) CityFore.st  (d) Street Address or R.F.I	HER (At time of this birth) (b) County Ne.z. Perce  D. No
e. Mail COMPLETED filing. No charge for	4. FULL NAME OF CHILD. Clifford William Ankney.  6. Sex Male 7. Twin or Triplet neother 1st, 2nd, 3rd	8. No. months	y, year)Dec25,189
leting this certificate. Mai, Boise, Idaho, for filing. coin.	FATHER OF CHILD  10. FULL NAME William Henry Ankney  11. Color 12. Age at time of THIS birth 36 yrs.  13. Birthplace Wisconsin  (City or town) (State or foreign country)  14. Exact Occupation farmer  15. Industry or Business farming	17. Color or Race white 19. Birthplace Codar Fal  20. Exact (City or town) Occupation house w 21. Industry or Business	Alice Sisson  18. Age at time of THIS birth 27 yrs.  1a. Wisconsin (State or foreign country)  7 ife
m in compl Statistics, y order or	22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this children of this children of this children of the children	d including this child(b) B CERTIFICATE	orn alive and now living
riter ribbo su of Vital	and at the place stated above, and that personal particular related to this child as		who is
State Bures of fifty ce	OWN signature Midwife	AFFIDAVIT to be completed when in Item	25.
r BLACK Repostage to Sice payment	in Item 4, above, that I am now	(Mother, etc.) at I have known this person for s birth	21.16 years, and that ed I further state that located)
, BLACK ink o FIRST-CLASS quires an advan	Chapter 139, 1937 Session Laws.  Swee	Lydia CMX twater. Idaho	Signature P. O. Address
Use only BLAC bearing FIRST-copy requires a	(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec.		Lapwai, Idaho.

(1937 Session Laws, Chapter 139, Section 4)

	epartment of Commercureau of the Census	e 	STATE O	F IDAHO	Local Reg. NoReg. Dist. No
••••	(a) County 1 (All (a) County 1 (All (c) Street Address or (d) Name of Hospital (e) Mother's stay BEF IN THIS county  FULL NAME OF CHILD	R.F.D. No	loomington and an analysis days	(a) State	of MOTHER (At time of this birth the (b) County of Toke of R.F.D. No
6.		Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. mont	
11 13 14	FATOLINAME JAMAS E.  Color or Race White  Bitthplace St. J.  Exact City or to City or to Industry or Business	12. Age of the of This own) (State	me jointh yrs.	16. FULL MAIDEN NAME	of THIS birth 31.  State or foreign country
22 23	2. Name prophylactic us 3. Number of children o	sed to prevent Oph f this mother: (a)	thalmia Neonatorum At time of birth an	d including this child.	(b) Born alive and now living
			ATTENDANT'S	CEDTIEICATE	
_			the birth of this ch	ild, who was(Born alive, stil	
24	and at the place stat related to this child a	ed above, and that	the birth of this ch t personal particular etc.)	ild, who was(Born alive, stil	
24	and at the place stat related to this child a 5. Attendant's OWN signature	ed above, and that s(Mother,	the birth of this ch t personal particular etc.)  M.D. Midwife	ild, who was(Born alive, stills were furnished by	
24 25 Si	and at the place stat related to this child a 5. Attendant's OWN signature tate of	ed above, and that s(Mother,	the birth of this ch t personal particular etc.)  M.D.  Midwife	Address  AFFIDAVIT to be completed by States	ted when the attendant does not s in Item 25.
24 25 Si Cc in th	and at the place stat related to this child a s. Attendant's OWN signature tate of	ed above, and that s. (Mother, s	the birth of this chet personal particular  etc.)  M.D.  Midwife  s.  rn, say that I am the years of age, th , who attended thi	Address  AFFIDAVIT to be completed in the complete in the comp	Date  ted when the attendant does not in Item 25of the person whose name appears for years, and in Item 25. If further state is (Cannot be located)
24 25 Si Cc in th	and at the place stat related to this child a 5. Attendant's OWN signature tate of	ed above, and that (Mother, sering first duly sworm now	the birth of this chet personal particular metc.)  M.D. Midwife  s.  rn, say that I am the metc.  years of age, the metched this to the best of my keep metched.	Address  Affidavit to be completed in the complete state of the co	Date  ted when the attendant does not in Item 25of the person whose name appears foryears, and

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce		E OF BIRTH	Local Reg. No
Bureau of the Census	STATE O	F IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at (a) County	(b) City	(a) State (c) City (d) Street Address or	MOTHER (At time of this be to be the county of the county
4. FULL NAME Se . CAL	un Harrington	5. Date o	f Birth of Child
OF CHILD 7. Twin or 6. Sex 7 m 7 Triplet	If sof-born	8. No. months	h, day, year) May
FATHER OF	1st, 2nd, 3rd		9. Legitimate?
10. FULL Make 200  11. Color 12. or Race Make 12. (City or town)  14. Exact Occupation (City or town)  15. Industry or	Age at time 9 yrs.  Age at time 9 yrs.  Kanaao  (State or foreign country)	16. FULL MAIDEN- NAME  17. Color or Race M. M. M.  19. Birthplace (City or Cocupation 21. Industry or	Montgoning  18. Age at time of THIS birth  Mus to One you
Business  22. Name prophylactic used to pr			
23. Number of children of this m			(b) Born alive and now living
		CERTIFICATE	
24. I HEREBY CERTIFY That I	I attended the birth of this ch	tild, who was(Born alive, stillbo	at
related to this child as	e, and that personal particular (Mother, etc.)	s were furnished by	
and at the place stated above	e, and that personal particular	s were furnished by(Fir	
and at the place stated above related to this child as	(Mother, etc.)  M.D.  Midwife	AFFIDAVIT to be completed in the complete of t	Date  I when the attendant does not
and at the place stated above related to this child as	(Mother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the	Address  AFFIDAVIT to be completed in the complete of the comp	Date  I when the attendant does not item 25.  I whose name a
and at the place stated above related to this child as	(Mother, etc.)  M.D.  Midwife     Ss.   duly sworn, say that I am the	Address  AFFIDAVIT to be completed in (Mother, etc.)  at I have known this person	Date  I when the attendant does not litem 25.  I of the person whose name and for years, and the person were senting to the person whose name and the person whose name are person whose name and the person whose name are person whose name and the person whose name are person whose name are person whose name and the person whose name are pers
and at the place stated above related to this child as	(Mother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the	Address  AFFIDAVIT to be completed in (Mother, etc.)  at I have known this person	Date  I when the attendant does not
and at the place stated above related to this child as	(Mother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the  gyears of age, th  Last name)	Address  AFFIDAVIT to be completed in the complete of the comp	Date  I when the attendant does not litem 25.  I of the person whose name and for years, and I further state annot be located.  I of the person whose name and years, yea
and at the place stated above related to this child as	(Mother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the  gyears of age, th  Last name)	Address  AFFIDAVIT to be completed  (Mother, etc.)  (at I have known this perso  (Is now deceased) or (Comowledge, and that I desir	Date  I when the attendant does not
and at the place stated above related to this child as	(Mother, etc.)  M.D. Midwife  ss.  duly sworn, say that I am the years of age, th Last name) are true to the best of my k	Address  AFFIDAVIT to be completed in (Mother, etc.)  at I have known this person is birth (Is now deceased) or (Comowledge, and that I desire the complete in	Date  I when the attendant does not

(1937 Session Laws, Chapter 139, Section 4)

United States		340992	240002
	(Be sure the information is as of date	of birth of THIS child)	State File No340992
Department of Commerce	CERTIFICATE OF B		Local Reg. No
Bureau of the Census	STATE OF IDA		Reg. Dist. No
	(b) City Hailey (s		b) County
(e) Mother's stay BEFORE de IN THIS county free ye	livery: (ears months days 3. R	e) How long has MOTHER I	state) Failer Jak
4. FULL NAME Threation	e ann Bours		of Child John 25 1891
6. Sex female 7. Twin Triple	t 1st, 2nd, <u>3rd</u>	8. No. months of Pregnacy 9mg	Legitimate? Yu
	2. Age at time 17.	FULL MAIDEN NAME Color T  MOTHER O	F CHILD  Olizabeth Walk  3. Agg at time
or Race 1. 13. Birthplace 1. Jun Bout	a Canada 19. 1		of THIS birth 25 yrs
14. Exact Occupation	(State or foreign country) 20.	Exact (City or town)  Decupation . As a select	(State or foreign country)
15. Industry or Business	21.	Industry or Business	
22. Name prophylactic used to	prevent Ophthalmia Neonatorum		
23. Number of children of this	mother: (a) At time of birth and include		rn alive and now living
	ATTENDANT'S CERTI	FICATE	
24. I HEREBY CERTIFY That	t I attended the birth of this child, who	) wasat (Born alive, stillborn)	M. on the dat
and at the place stated abo	ve, and that personal particulars were	(Born alive, stillborn)	
	ve, and that personal particulars were	(Born alive, stillborn)  furnished by(First name)	who i
and at the place stated aborelated to this child as	(Mother, etc.)  M.D.  Midwife Add	(Born alive, stillborn) furnished by(First name) ress VIT to be completed when	Date  Date the attendant does not sign
and at the place stated aborelated to this child as	ve, and that personal particulars were  (Mother, etc.)  M.D.  Midwife Add  AFFIDA	(Born alive, stillborn)  furnished by(First name)  ress  VIT to be completed when in Item	Date the attendant does not signate.
and at the place stated aborelated to this child as	(Mother, etc.)  M.D.  Midwife Add  AFFIDA  st duly sworn, say that I am the years of age, that I ha	ress  VIT to be completed when in Item  (Mother, etc.) ve known, this person for	Date  the attendant does not sig sperson whose name appear
and at the place stated aborelated to this child as	ve, and that personal particulars were  (Mother, etc.)  M.D.  Midwife Add  AFFIDA  st duly sworn, say that I am the years of age, that I ha  (Lest name)	(Born alive, stillborn) furnished by	Date  the attendant does not sign and the second whose name appear years, and the second of the seco
and at the place stated aborelated to this child as	(Mother, etc.)  M.D.  Midwife Add  AFFIDA  st duly sworn, say that I am the years of age, that I ha  (Last name)  ve are true to the best of my knowled in the strength of the	(Born alive, stillborn) furnished by	Date  Clast name)  Date  the attendant does not signer.  person whose name appear years, and the coated the person with the coated t
and at the place stated aborelated to this child as	(Mother, etc.)  M.D.  Midwife Add  AFFIDA  ss.  st duly sworn, say that I am the years of age, that I ha  (Last name)  ve are true to the best of my knowled in the state of t	(Born alive, stillborn) furnished by (First name)  ress  VIT to be completed when in Item (Mother, etc.) ve known, this person for (Is now deceased) or fannot be ge, and that I deare to ha	Date  the attendant does not sign 25.  person whose name appear years, and that years, and that coated ye this birth recorded under years.  Signatur P. O. Addres
and at the place stated aborelated to this child as	(Mother, etc.)  M.D.  Midwife Add  Ss.  AFFIDA  The st duly sworn, say that I am the years of age, that I ha  (Last name)  We are true to the best of my knowledge.	(Born alive, stillborn) furnished by	Date  the attendant does not signate

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	United States  APR 22 1842  (Be sure the information is as of Department of Commerce  Bureau of the Census  STATE OF	of date of birth of THIS child) E OF BIRTH	State File No
ED certificate in for filing. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) County. January. (b) City. (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: IN THIS county years months days	(c) City	(b) County
I COMPLETED No charge for	4. FULL NAMER 1 + 1 1	5. Date of Birt (Month, day	h of Child aug 20 ./89/
eting this certificate. Mai Boise, Idaho, for filing.	10. FULL   Lorson   12. Age at time or Race   Las How No. 1   13. Birthplace   Las How No. 1   14. Exact   Occupation   15. Industry or Business	16. FULL MAIDEN NAME  17. Color or Race  19. Birthplace  (City or town)  20. Exact Occupation  21. Industry or Business	18. Age at time of THIS birth yrs.  (State or foreign country)
er ribbon in compl of Vital Statistics,	22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as	d including this child	orn alive and now living
pewrite ureau	25. Attendant's M.D.  OWN signature Midwife	Address	Date
Use only BLACK ink or BLACK Record ty bearing FIRST-CLASS postage to State Broow requires an advance payment of fifth	I, the indersigned, being first duly sworn, say that I am the in Item 4, above, that Lam now years of age, the limit of the facts on the certificate above are true to the best of my known that I am the Chapter 139, 1937 Session Laws.  Subscribed and sworn to before the this day of (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 1	at I have known this person for so birth (Is now deceased) or (Cannot be nowledge, and that I desire to he will be a solution of the latter of	ne person whose name appears years, and that years, and that located ave this birth recorded under Signature P. O. Address
) Ā C	Received for filing on RFR & 1742	оу	Registrar.

APR 2 1 1040

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce	CERTIFICATE	OF BIRTH	Local Reg. No
Bureau of the Census	STATE OF	IDAHO	Reg. Dist. No
PLACE OF BIRTH (All items at tim     (a) CountyBingham (b)     (c) Street Address or R.F.D. No     (d) Name of Hospital or Maternit      (e) Mother's stay BEFORE delivery IN THIS county 3 years	CityBlackfoot	(a) StateIdaho (c) CitySterlin (d) Street Address or	MOTHER (At time of this in the county of the
4. FULL NAME	monais tags	<del></del>	f Birth of Child
OF CHILDEdith.Lillia 7. Twin or 6. Sex Female Triplet	nYonk	8. No. months 1st of Pregnacy	o, day, year)12./10./91 9. Legitimate?
or Racewhite	e at time THIS birth 39 yrs.  Demmark (State or foreign country)	16. FULL MAIDEN NAMEReb 17. Color or RaceWhite 19. Birthplace	HER OF CHILD  18. Age at time of THIS birth II tah own) (State or foreign co
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to prever</li> <li>23. Number of children of this mother</li> </ul>			
Business  22. Name prophylactic used to prever  23. Number of children of this mothe  24. I HEREBY CERTIFY That I at and at the place stated above, as	er: (a) At time of birth and  ATTENDANT'S tended the birth of this chil and that personal particulars	Business  including this child	(b) Born alive and now livinat
Business  22. Name prophylactic used to prever  23. Number of children of this mothe  24. I HEREBY CERTIFY That I at  and at the place stated above, ar related to this child as	er: (a) At time of birth and  ATTENDANT'S tended the birth of this chil and that personal particulars	Business  including this child	(b) Born alive and now livin
Business  22. Name prophylactic used to preven  23. Number of children of this mothe  24. I HEREBY CERTIFY That I at  and at the place stated above, ar related to this child as	ATTENDANT'S tended the birth of this chil nd that personal particulars (Mother, etc.) M.D. Midwife	Business  including this child 6  CERTIFICATE d, who was	(b) Born alive and now livinat
Business  22. Name prophylactic used to prever  23. Number of children of this mothe  24. I HEREBY CERTIFY That I at  and at the place stated above, ar related to this child as	ATTENDANT'S tended the birth of this child ad that personal particulars (Mother, etc.)  M.D. Midwife  ss.  y sworn, say that I am the.  73	including this child 6	(b) Born alive and now living

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	Department of Commerce CERTIFICAT	of date of birth of THIS child) State File No
certificate in filing. Each	1. PLACE OF BIRTH (All items at time of this birth)  (a) County	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State Idaho (b) County Idaho  (c) City Grangeville  (d) Street Address or R.F.D. No
TED e	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county 2 years months 6 days	(e) How long has MOTHER lived in Idaho?
COMPLE No charge	4. FULL NAME OF CHILD Barbara Elizabeth Schleier 7. Twin or If so—born 6. Sex Female Triplet No 1st, 2nd, 3rd	8. No. months
completing this certificate. Mail COMPLETED istics, Boise, Idaho, for filing. No charge for error coin.	FATHER OF CHILD  10. FULL NAME George Adam Schleier  11. Color Thite of THIS birth 36 yrs.  13. Birthplace Frankenmuth, Michigan  14. Exact Occupation Farming  15. Industry or Business Farming  22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth ar	d including this child4 (b) Born alive and now living4
r ribbon in c f Vital Statis money orde	24. I HEREBY CERTIFY That I attended the birth of this ch	ild, who was
reau o	25. Attendant's M.D. OWN signature Midwife	•
cord typ tate Bus	State of Jashington (ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
Use only BLACK Ink or BLACK Recorbearing FIRST-CLASS postage to Stateopy requires an advance payment of	in Item 4, above, that I am now 80 years of age, the line in a knorr who attended the facts on the certificate above are true to the best of my k chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this 17th day/of (SEAL)  (Note: Perjury is punishable as a felony in Viaho; see Sec.	is birth is now deceased. I further state tha (Is now deceased) or (Cannot be located) inowledge, and that I desire to have this birth recorded under the signature of the signa
<b>5</b> ♣ 8	Received for filing on APR 20 1942	by Registra

(1937 Session Laws, Chapter 139, Section 4)

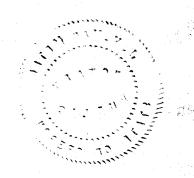
Deg	ited States partment of Com reau of the Censu	merce	,	CERTIFICATE STATE OF		Local Reg. No	
1. [	PLACE OF BIRTH (a) County	(All items at tin mas (b) s or R.F.D. No.,	ne of this birth City Falri No Stree y Home:		2. USUAL RESIDENCE OF (a) State Idaho (c) City Fairf	F MOTHER (At time of this (b) County. Dama	birth S
	(e) Mother's stay IN THIS cour		: months	days	(e) How long has MO 3. RESIDENCE OF FATHE	r R.F.D. No	1d
4. (	FULL NAME OF CHILD	EUGENE FII		If so-born	5. Date ((Mont 8. No. months	of Birth of Child th, day, year) Apr 18	18
6. 8	Sex Male	Triplet S	ingle	1st, 2nd, 3rd	of Pregnac		Ye
11.	Color or Race Whit	of of	e at time	vrs.	16. FULL MAIDEN ELL.	THER OF CHILD  EN HARDY JENKINS  18. Age at time  OF THIS binth  town) (State or foreign of the control of the	
14.	Birthplace(Ci Exact Occupation				Occupation	town) (State or foreign of Housewif e	ountry
	Industry or Business	· · · · · · · · · · · · · · · · · · ·	<del></del>	:	21. Industry or Business		
<del>22.</del> 23.	Industry or Business  Name prophylaci Number of child	tic used to preven	at Ophthalmia er: (a) At tim	e of birth and	Business i including this child	(b) Born alive and now livi	ng1
22. 23. 24.	Industry or Business  Name prophylace Number of child  I HEREBY CER	tic used to prevented this mother.  TIFY That I at stated above, and ild as	nt Ophthalmia er: (a) At tim A tended the bir nd that person	e of birth and TTENDANT'S th'of this chi al particulars	Business  i including this child	(b) Born alive and now livi	the d
22. 23. 24. 25. Sta	Industry or Business  Name prophylace Number of child:  I HEREBY CER and at the place related to this ch Attendant's OWN signature ate of	tic used to prevent ren of this mother than the stated above, and as the stated above, as th	at Ophthalmia er: (a) At tim  Atended the bir and that person (Mother, etc.)  ss.  ysworn, say t	e of birth and TTENDANT'S th of this chi al particulars M.D. Midwife that I am the. ars of age, tha	Business  I including this child	the Born alive and now living at M. on many (Last name)  Date d when the attendant does not the person whose name on to the person whose name on to the person of the person whose name on to the person whose name on the person whose name of the person	the d
22. 23. 24. 25. Sta Cou	Industry or Business  Name prophylace Number of childs  I HEREBY CER and at the place related to this ch Attendant's OWN signature ate of unty of I, the undersigne Item 4, above, tha the (First name) facts on the cert apter 139, 1937 Se	tic used to prevent the prevent of this mother than the stated above, and as the stated above, and as the stated above are stated above.	at Ophthalmia er: (a) At tim  Atended the bir and that person  (Mother, etc.)  ss.  ly sworn, say to  3 yea  yea  pame) a true to the le	e of birth and TTENDANT'S th of this chi al particulars M.D. Midwife that I am the ars of age, the attended this best of my kr	Business  I including this child	(b) Born alive and now living at M. on mrn)  St name)  Date  d when the attendant does n Item 25.  of the person whose name on formal Marks, and the located)  e to have this birth record  P. O	the d

(1937 Session Laws, Chapter 139, Section 4)

and the Land and

552-202001-466 (Re sure the inform		341354
Chitch States (De Bare and Inter-	nation is as of date of birth of THIS chil	
Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No
Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
(e) Mother's stay BEFORE delivery: IN THIS county years months	(a) State data (c) City (d) Street Address or	MOTHER (At time of this birth)  (b) County  R.F.D. No. 2.  (city. state)
A FILL NAMEA	5 Date of	Rirth of Child
of CHILD Carry 10 10 10 10 10 10 10 10 10 10 10 10 10	(Month, 1st, 2nd, 3rd)  (Month, 2nd, 3rd)  (Month, 2nd, 3rd)  (Month, 2nd, 3rd)	day, year) May 2 / 9 / 9. Legitimate?
FATHER OF CHILD	МОТІ	HER OF CHILD
10. FULL NAME Daniel alexander 7	resort 16. FULL MAIDENCIA	ann. mortos
11 Colon # 10 Age at time	17 Colon	- 18. Age at time
or Race When of THIS birth	yrs. or Race While	of THIS birth. yrs.
13. Birthplace (City or town) (State or foreign	country) (City or to	wn) (State or foreign country)
14. Exact	20. Exact	
Occupation — — — — — — — — — — — — — — — — — — —	Occupation 21. Industry or	use Wife
Business	Business	<b>,</b>
22. Name prophylactic used to prevent Ophthalmia	Neonatorum	
23. Number of children of this mother: (a) At time		
	TENDANT'S CERTIFICATE	8
		at M on the data
24. I HEREBY CERTIFY That I attended the birt	(Born alive, stillborn	)
and at the place stated above, and that persons related to this child as(Mother, etc.)	(First	name) (Last name) who is
25. Attendant's OWN signature	M.D. Midwife Address	Date
State of County of Ss.		when the attendant does not sign Item 25.
I, the undersigned, being first duly sworn, say to	hat I am the Stoched	of the person whose name appears
in Item 4, above, that I am nowyear	(Mother, etc.)	for 50 vears, and that
(First name) Man Jane Japen who	attended this birth decree	I further state that
(Last danie)	(Is now deceased) or (Can	not be located)
the facts on the certificate above are true to the b Chapter 139, 1937 Session Laws.	est of my thowledge, and that I desire	to have this birth recorded under
	George William	
Subscribed and sworn to before me this	162/71 E Ju	Addess O'Addess
Subscribed and sworn to before me this	day of	
(Note: Perjury is punishable as a felony in Idal	Notary Public, resid	ing at 6224 ME Usmon 41
Note: Perjury is punishable as a felony in Idal	10; see Sec. 17-914, Manie Code Ampotate	19 Parland are
Received for filing on	by Ding ROTANY	
APR 2 I 194	MY COMMISSION	TH EXPIRES 101 Y 7, 1943

(1937 Session Laws, Chapter 139, Section 4)



•	on is as of date of birth of THIS child) State File No. 42508.  TIFICATE OF BIRTH Local Reg. No.					
•	ATE OF IDAHO Reg. Dist. No					
1. PLACE OF BRTH (Alitems at time of the birth) (a) County (C) Street Address or R.F.D. No. (C) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: IN THIS county 2 years 0 months 0	(c) City (d) Street Address or R.F.D. No					
4 FULL NAME P	5. Date of Birth of Child (Month, day, year). 1891					
() \ 7. Twin or \ \ \ \ 1. If so	born 1 V 0 8. No. months of Pregnacy 9. Legitimate? Yes					
10. FULL Age at time of THIS birth 24.  13. Birthplace (City r town) (State or foreign country)	19. Birthplace					
Occupation 15. Industry or Business	Occupation 11  21. Industry or Business 11					
22. Name prophylactic used to prevent Ophthalmia Neonatorum.						
	23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living					
ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was						
related to this child as(Mother, etc.)						
	M.D. Midwife Address Date					
State of	am the					
in Item 4, above, that I am now years of the control (First name) (Last name)	age, that I have known this person foryears, and thanded this birth					
the facts on the certificate above are true to the best Chapter 183, 1937 Session Laws.	of my knowledge, and that I desire to have this birth recorded under the signature of the s					
Subscribed and sworn to vefore methis	P.O. Addres					
	Notary Public, residing at The Company					

Lauis Spens 100 24 18313 & Baldwin au Gokane, Wash.

in the premises.

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

United States Department of Commerce Bureau of the Census	CERTIFICATI STATE OF	F IDAHO	State File No. 342630 Local Reg. No. Reg. Dist. No.
(a) County	(b) City Moccous, No	(a) State Maho. (c) City Mascor (d) Street Address or R.F (e) How long has MOTHE	THER (At time of this birth)  (b) County Talah  D. No
4. FULL NAME OF CHILD	er Edwin Ost or It so—born	5. Date of Bir	
or Race	Crick Osterberg  Age at time 54 yrs.  (State or foreign country)	16. FULL MAIDEN NAME	18/Age at time of THIS birth
23. Number of children of this	orevent Ophthalmia Neonatorum, mother: (a) At time of birth and ATTENDANT'S I attended the birth of this ch	d including this child	Born alive and now living
and at the place stated aborelated to this child as.  25. Attendant's  OWN signature	(Mother, etc.)  M.D.  Midwife	s were furnished by Alman	(Last name) who
in Item 4, above, that I am now	st duly sworn, say that I am the years of age, the (Last name)  ye are true to the best of my king the state of the control of	(Mother, etc.) at I have known this person for s birth (Is now deceased) or (Cannot nowledge, and that I desire to	the person whose name appears, and the control of the located of t
Subscribed and sworn to b	fore me this 20 day of	Notary Public, residing	P. O. Addre

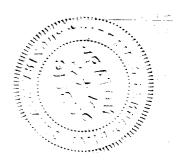
(1937 Session Laws, Chapter 139, Section 4)

	738-508,076-625		342767
2.2	United States (Be sure the infor	mation is as of date of birth of THIS child)	State File No
<u> </u>	Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No
envelo	Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
is certificate. Mail COMPLETED certificate in en Idaho, for filing. No charge for filing. Each ce	1. PLACE OF BIRTY (III items at time of this particular (a) County	(a) State	THER (At time of the bight)  (b) County.  F.D. No  ER lived in Idaho? 3 W.yrs.  city, state) Simula Idaho  graph of Child lay, year).  18. Age at time of THIS birth. 29 yrs.  State of foreign country)
E se	15. Industry or	ZI. Industry of	
Boi	Business	Business	· · · · · · · · · · · · · · · · · · ·
- 10 S 2 C	22. Name prophylactic used to prevent Ophthalmia		
S tr	23. Number of children of this mother: (a) At tim	e of birth and including this child (b)	Born alive and now living
tati		ATTENDANT'S CERTIFICATE	
bon tal S	24. I HEREBY CERTIFY That I attended the bir		
er rib of Vij	and at the place stated above, and that person related to this child as(Mother, etc.)	nal particulars were furnished by(First na	me) (Last name) who is
arit a	25. Attendant's	M.D.	
9 5 0	OWN signature	Midwife Address	Date
Record ty State Bi nt of fifty	State of Sta	that I am the Father in It	hen the attendant does not sign em 25.  'the person whose name appears
X = E	in Item 4, above, that I am nowyes	ars of age, that I have known this person for	years, and that
Pa ga	who and a who	attended this birth	
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	the facts on the certificate above are true to the	(Is now deceased) or (Canno best of my knowledge, and that I desire to	
SS	Chapter 139, 1937 Session Laws.	TO A COME SEL	a hash
22.5	コラーラン 一世	y y coupy for the course	Signature
A TE	The same as the sa	8 MAHA	P. O. Address
BL.	Subscribed and sworn to before me this	Motary Public, residing	maketon War
a F	(Note: Perjury is punishable as a felony in It.		s at
arin 9		TAR B TARACT	
2 % E	Received for filing on APR 2.1.19	14 by Holey was	, Registrar.

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce CERTI	is as of date of birth of THIS child)  FICATE OF BIRTH  TE OF IDAHO  State File No
1. PLACE OF BIRTH (All items at time of this birth)  (a) County Company (b) City (c) Street Address or R.F.D. No. 1. (d) Name of Hospital or Maternity Home:	(c) City Constant
(e) Mother's stay BEFORE delivery; D months & de	
4. FULL NAME of CHILD 7. Twin or 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10. FULL NAME OF CHILD  11. Color 12. Age at time of THIS birth 3 0 of THIS birth 3	16. FULL MAIDEN NAME ADDRESS JANUARY 17. Color 18. Age at time of THIS birth 2 yr 19. Birthplace City or town (State or foreign country) 20. Exact Occupation 21. Industry or
22. Name prophylactic used to prevent Ophthalmia Neona 23. Number of children of this mother: (a) At time of bi	
and at the place stated above, and that personal part related to this child as(Mother, etc.)	iculars were furnished by, who
25. Attendant's M	.D. idwife Address Date
in Item 4, above, that I am now years of a who attend (First name) (Last name) the facts on the certificate above are true to the best of	AFFIDAVIT to be completed when the attendant does not sign in Item 25.  In the
Chapter 139, 1987 Session Laws.	Ignes Virginia de la Signatu I Vat ha gue de P. O. Addre ley of Agril 1942

(1937 Session Laws, Chapter 139, Section 4)



	993-228-028-695	(Mary)
certifi-	United States (Be sure the information	is as of date of birth of THIS child). State File No. 342849
	Debarment of Commerce	Local Reg. No
COMPLETED for filing. No		ATE OF IDAHO Reg. Dist. No
E 6	1. PLACE OF BIRTH	2. USUAL RESIDENCE of MOTHER (At time of this birth)
(PLET) filing.	(a) County Ksolenic (b) City Kacker (c) Street Address or R.F.D. No.	(*)
Σ.T.	(d) Name of Hospital or Maternity Home:	(c) City
ဂ္ဂန္	(A) Made and DEPARE J. I.	(d) Street Address or R.F.D. No
= 명력	(e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Homedays.	(f) Mother's mailing address. RaThduss.
Mail (Idaho, coin.	IN THIS county years month d	ays 3. RESIDENCE of FATHER (city, state) Delaks
ficate. Boise, rder or	4. FULL NAME Lucy ann Richard	5. Date of Birth (Month, day year) / 89/
ig a g	6. Sex female 7. Twin or If so— 1st, 2n	born / 6. No. months
A G S	FATHER OF CHILD	d, 3rd of Pregnancy 9. Legitimate? / MOTHER OF CHILD The deeper.
this cert Statistics, money o	10 WITT 1 A 4/1//	16. FULL MAIDEN O
描寫	NAME Jonathan Richar  11. Color 12. Age at time 38	NAME Ida Elizabeth Frederick  17. Color (1907) 18. Age at time
5 등 전 10 2 등 전 10 e S <del>1</del> 등 전 10 2 등 전 10 e C 10	or Race to hele of THIS birth	yrs. or Race Male of THIS birth 2 yrs.
Vita Cen	13. Birthplace Robertson Illinou	19. Birthplace Peores Del.
n of fiffy	(City or town) (State or foreign countr	00 7
8 = 3	Occupation Farmer	Occupation Fouse Wife
a in Sureen	15. Industry or Business	21. Industry or Business
_ 2 14 2	22. Name prophylactic used to prevent Ophthalmia Ne	matorum
r ribb State paym	(c) Born alive and now dead 5 (d) Stillborn	rth and including this child
200	24. I HEREBY CERTIFY That I attended the birth of t	his child, who was at M. on the date
1 0 H	and at the place stated above, and that personal part	iculars were furnished by who is
pew: itage idvar	related to this child as (Mother etc.)	(First name) (Last name)
# 8 m	26. (a) (Date received) (Registrar's signatur	25. Attendant's
S. C.	27. Given name added on by	OWN signature how had law Morres M.D. (D.O., Midwife, etc.)
K Record CLASS princes as	(Registrar's signatur	e) and address Date
MOS	State col Washing ga	AFFIDAVIT To be completed when the attendant at birth is
ACK IST.	County of Wastan	NOT LIVING or CANNOT BE LOCATED
BLA( FIRS	I) I da Zuyafeth (uchau, being	first duly sworn, say that I am (Related to (or) sequented with)
ម្ភាស	LUCIA CAM I COMMU 88	whose birth certificate
Ink obearinertifie	(Name of person on certificate above)	(State relationship or acquaintance) recorded under Chapter 139, 1937 Sersion Laws; and that the facts
M B E	contained therein are true to the best of my knowledge.	I further state that (Name of attendant at birth) who attended
2 8 d	said birth and and	(Name of attendant at birth)  that this birth has not been previously recorded.
12.52	(Is now deceased (or) cannot be located)	Mrs I da Elistateth Richart Signature
only BLACI in envelope iling. Each	M	18 & Lingelly St. Spellast. Wath, P. O. Address
	Subscribed and sworn to before the same and	day of
D at to	(SEAL)	residing at Spullant
D 9 4		

in the premises.

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

	ed States artment of Comme	= -	the information is as o	of date of birth of THIS child)	State File NoLocal Reg. No
-	eau of the Census		STATE OF		Reg. Dist. No.
(a (c (d (e	a) CountyLATA c) Street Address of d) Name of Hospit e) Mother's stay B IN THIS county	FORE delivery: 5 years 10	ne: months days	2. USUAL RESIDENCE OF MOT  (a) StateIdaho  (c) CityTroy  (d) Street Address or R.F.J.  (e) How long has MOTHER  3. RESIDENCE OF FATHER (cit	(b) County Lati  D. No. lived in Idaho? 6 y, state) Troy, Ida
O	F CHILD LAME		OSTERBERG		h of Childug. 24, 18
6. Se	ex MALE	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy 9	9. Legitimate? Ye
		THER OF CHILD			OF CHILD
10. F	FULL CHARLE	es william o	STERBERG	16. FULL MAIDEN JOH	NSON
11. C	Color or Race	. 40 4	ime birth 28 yrs.		18. Age at time of THIS birth 30
44 %	(City o	or town) (State	or foreign country)	(City or town) 20. Exact	(State or foreign coun
15 T	exact Occupation Industry or		•••••••	Occupation	OCOUNTLE
	Business	SAME		Business	<u></u>
22. 1	Name prophylactic	used to prevent Opi	hthalmia Neonatorum.		***************************************
23. 1	Number of children	of this mother: (a	) At time of birth and	d including this child $5$ (b) E	orn alive and now living
2				ild, who was born allvet. (Born alive, stillborn)	
Z		tated above, and that as	r, etc.)	s were furnished by <b>M.YM.C.M.</b> (First name	(Last name)
	Attendant's OWN signature	was	M.D.	Address Troy, Ida	Date 4-25-
State	e of IDAHO	<b>(</b> H	ss.	AFFIDAVIT to be completed whe in Item	
ŧ	I, the undersigned,	being first duly swo	orn, say that I am the.	(Mother, etc.)	he person whose name a
in It	em 4. above. that I	am now	vears of age, tha	at I have known this person for. s birth (Is now deceased) or (Cannot b	all his Liefe, an
g the f	facts on the certifi	icate above are true	to the best of my ki	nowledge, and that I desire to h	e located) have this birth recorded
Char	pter 139, 1937 Sess	ion Laws.	L. L.	on Onto be	Sign
=				Troy, Ida	P. O. A
	Subscribed and sw	orn to before me in	25th day of	April	, 1942.
require	(SEAL)	nunichable on h fals	ny in Idoho: soo Soo	Notary Public, residing (17-914, Idaho Code Annotated.)	atTroy, Ida
-	(Note: Perjury 18	punishable as a relo	ny mituano; see sec. 1	ri-art, rusho code Amnotated.)	

(1937 Session Laws, Chapter 139, Section 4)

	Department of Commerce Sureau of the Census	STATE OF		Reg. Dist. No
1.	(a) County Bear Lake (b) City Mon (c) Street Address or R.F.D. No. R.F. B. (d) Name of Hospital or Maternity Home:	tpelier	2. USUAL RESIDENCE OF MOT  (a) State Idaho  (c) City Montpelier  (d) Street Address or R.F.I	(b) County Bear Lake
•••	(e) Mother's stay BEFORE delivery: IN THIS county 7 years month	s days	<ul><li>(e) How long has MOTHER</li><li>3. RESIDENCE OF FATHER (cit;</li></ul>	
4.	FULL NAME Archie Lee Fo	reman If so—born	8. No. months	y, year) Dec 11 189
6.	S. Sex Male Triplet	1st, 2nd, 3rd	of Pregnacy 9	9. Legitimate? Yes
1:	FATHER OF CHILD  10. FULL NAME Harvey Foreman  11. Color or Race White of This birth  13. Birthplace Arkan  (City or town) (State or fore	35 vrs.	16. FULL MAIDEN L Hale  17. Color or Race Wite  19. Birthplace Flynslic  (City or town)	) 
14	14. Exact (City or town) (state or fore Congression Farmer Cocupation Farmer I.5. Industry or		20. Exact Occupation HOUSE V 21. Industry or	
	Business 22. Name prophylactic used to prevent Ophthalm		Business	
2	22. Name prophylactic used to prevent Ophthalm 23. Number of children of this mother: (a) At t 24. I HEREBY CERTIFY That I attended the l	ATTENDANT'S birth of this chi	Business  t including this child	orn alive and now living4
2:	22. Name prophylactic used to prevent Ophthalm 23. Number of children of this mother: (a) At t	ATTENDANTS birth of this chi sonal particulars	Business  it including this child	orn alive and now living. 4
2:	22. Name prophylactic used to prevent Ophthalm 23. Number of children of this mother: (a) At t 24. I HEREBY CERTIFY That I attended the l and at the place stated above, and that pers related to this child as	ATTENDANT'S birth of this chi sonal particulars	Business  it including this child	
2 2 S C	22. Name prophylactic used to prevent Ophthalm 23. Number of children of this mother: (a) At t  24. I HEREBY CERTIFY That I attended the l  and at the place stated above, and that pers related to this child as (Mother, etc.)  25. Attendant's  OWN signature  State of Oregon.  County of Baker  I the undersigned, being first duly sworn, sa in Itam 4 above, that I am now 80  A midwife by name of Gibson  (First name)  the facts on the certificate above are true to the Chapter 139, 1937 Session Laws.	M.D. Midwife  y that I am the years of age, the ho attended this e best of my kr	Business  If including this child	Date  1 the attendant does not a 25.  1 the person whose name apportunity and it further state it allocated)  2 ave this birth recorded unit of the control

(1937 Session Laws, Chapter 139, Section 4)



Department of Commerce Bureau of the Census		E OF BIRTH OF IDAHO	State File No. 34300 Local Reg. No
1. PLACE OF BIRTH (All items (a) County Canyon (c) Street Address or R.F.D (d) Name of Hospital or Ma Born at home (e) Mother's stay BEFORE de	at time of this birth)  (b) CityCaldwell  NoNone ternity Home:	2. USUAL RESIDENCE OF MOT  (a) State Idaho  (c) City Caldwell	THER (At time of this birth (b) County Canyon  D. No. None
IN THIS county 2 you	ears months days	5. Date of Bir	
of CHILDRobert]		(Month, da	y, year)Jan19.,
6. Sex Male Triple		of Pregnacy 9	9. Legitimate? Ye
11. Color or Race white 13. Birthplace Diboi s. Co (City or town)  14. Exact Occupation Harness  15. Industry or Business Harness  22. Name prophylactic used to 23. Number of children of this	Lsey Harmon  2. Age at time of THIS birth 40yrs.  Unit Y Indiana Saddle work and Saddle work  and Saddle busine prevent Ophthalmia Neonatorum mother: (a) At time of birth ar	16. FULL MAIDEN NAME Anna Mar  17. Color or Race White  19. Birthplace Mirabi  (City or town)  20. Exact Occupation Housewi	1e, Mo. (State or foreign country)  fe  fe  Sorn alive and now living Y.
and at the place stated aborelated to this child as	ve, and that personal particular Other(Mother, etc.)	rs were furnished by Anna Ma (First nam	rie Harmon wh
25. Attendant's OWN signature	M.D. Midwife	e Address	Date
State of California County of RIVETSIDE	}ss.	AFFIDAVIT to be completed when in Iter	
	years of age, th	Mother, etc.) nat I have known this person for, is birth is now deseased) or (Cannot knowledge, and that I desire to be	51 years, and edd I further state be located)

(1937 Session Laws, Chapter 139, Section 4)

envelope cerțified	Department of Commerce CERTIFICA	s of date of birth of THIS child) ATE OF BIRTH OF IDAHO	State File No
s certificate. Mail COMPLETED certificate in daho, for filing. Each	1. PLACE OF BIRTH (All items at time of this birth)  (a) County (b) City (c) Street Address or R.F.D. No.  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: IN THIS county years months days  4. FULL NAME OF CHILD (c) If so—bord for Triplet (c) 1st, 2nd, 3  FATHER OF CHILD (c) 1st, 2nd, 3  FATHER OF CHILD (c) 1st, 2nd, 3  10. FULL NAME (c) 1st, 2nd, 3  FATHER OF CHILD (c) 1st, 2nd, 3  11. Color (c) 1st, 2nd, 3  12. Age at time of THIS birth (c) 2 yrs.  13. Birthplace (c) (c) (State or foreign fountry)  14. Exact	(a) State	9. Legitimate? (65  OF CHILD  Aberta Boyd  18. Age at time of THIS birth Byrs.  (State or foreign country)
ar ribbon in completing this of Vital Statistics, Boise, I, money order or coin.	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particul related to this child as	and including this child (b) E  T'S CERTIFICATE  child, who wasat  (Born alive, stillborn)	Born alive and now living. 4
typewrite Bureau fty cents	25. Attendant's M.D. Midwi State of		Date
ie only BLACK Ink or BLACK Record i aring FIRST-CLASS postage to State I py requires an advence payment of fife	I, the undersigned, being first duly sworn, say that I am to in Item 4, above, that I am now	that I have known this person for this birth (Is now deceased) or (Cannot be knowledge, and that I desire to I be a second of the control of	the person whose name appears  50 years, and that  I further state that  le located)  have this birth recorded under  Childs Signature  P. O. Address  19.42  at Durington
وَ هُرَّ	Received for filing on APR 2.7.1942	by holy	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce	CERTIFICATI	of date of birth of THIS chil E OF BIRTH	d) State File NoLacal Reg. No
Bureau of the Census	STATE O	F IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this  (a) County	ink Creek ne	(a) State Idaho (c) City Mink Cre (d) Street Address or	MOTHER (At time of this birth (b) County Oneida
4. FULL NAME Carrie C. Nelson		5. Date of	Birth of Child , day, year)Mar4.,18
6. Sex Female 7. Twin or Triplet	If so-born	8. No. months	9 9. Legitimate? Yes
FATHER OF CHILD		мот	HER OF CHILD
10. FULL Jens P. Nelson		16. FULL MAIDEN Car	rie Frandsen
or Race White of THIS b	irth 29 yrs.	17. Color White or Race White 19. Birthplace Tyve I:	18. Age at time 27 of THIS birth 27 Se Denmark
22. Name prophylactic used to prevent Ophth	nalmia Neonatorum.	None	
23. Number of children of this mother: (a)			
	<b>ATTENDANT'S</b>	<del></del>	
OA T TIME THE CHARLEST CHARLES THE A T A A A A A A A A A A A A A A A A A			
24. I HEREBY CERTIFY That I attended t	ne birth of this chi	ld, who was(Born alive, stillborn	at
and at the place stated above, and that related to this child as(Mother, et	personal particular	were furnished by	
and at the place stated above, and that related to this child as(Mother, et	personal particulars tc.) M.D.	s were furnished by(First	wl
and at the place stated above, and that related to this child as(Mother, et 25. Attendant's OWN signature	personal particulars tc.) M.D. Midwife	Address  AFFIDAVIT to be completed	name) (Last name)
and at the place stated above, and that related to this child as	personal particulars  tc.)  M.D.  Midwife  A, say that I am the	Address  AFFIDAVIT to be completed in Father  (Mother, etc.) at I have known this person	Date  When the attendant does not Item 25.  of the person whose name approximation of the person whose name approximation and the person and
and at the place stated above, and that related to this child as	personal particulars  tc.)  M.D.  Midwife  A, say that I am the years of age, the  ., who attended this	Address  AFFIDAVIT to be completed in Father  (Mother, etc.) at I have known this person is birth 1.5. deceased or (Ca.	Date  When the attendant does not Item 25.  of the person whose name approximately app
and at the place stated above, and that related to this child as	personal particulars  tc.)  M.D.  Midwife  a, say that I am the years of age, the  a, who attended this  to the best of my kn	Address  AFFIDAVIT to be completed in Father  (Mother, etc.) at I have known this person is birth	Date  Date  When the attendant does not Item 25.  of the person whose name approximate and the person whose
and at the place stated above, and that related to this child as	personal particulars  te.)  M.D.  Midwife  a, say that I am the  when, who attended this to the best of my kn  450	Address  AFFIDAVIT to be completed in Father  (Mother, etc.) at I have known this person is birth	Date  Date  when the attendant does not Item 25.  of the person whose name approximate and person whose name approximate and person in the located in the lo
and at the place stated above, and that related to this child as	m. M.D.  Midwife  M.D.  Midwife  Midwif	Address  Affidavit to be completed in Father  (Mother, etc.) at I have known this person is birth	Date  When the attendant does not Item 25.  of the person whose name approximated years, and id grade in I further state anot be located)  to have this birth recorded use in the person whose name approximated years, and id years, and id years, and id years, and it is in the recorded use in the person whose name approximately years, and if years, if years, and it is in the person whose name approximately years, and if years, if years

(1937 Session Laws, Chapter 139, Section 4)

(1937 Session Laws, Chapter 139, Section 4)

		3		s of date of birth of THIS child) TE OF BIRTH OF IDAHO	State File No Local Reg. No Reg. Dist. No
(( ((	a) County. Land. c) Street Addres d) Name of Hosp	s of R.F.D. No.Mir pital or Maternity H home	yDeLamar ling Camp lome: months days	(a) StateIdaho (c) CityBoise (d) Street Address or R.I (e) How long has MOTH 3. RESIDENCE OF FATHER (c)	Ther (At time of this birth)  (b) CountyAda  F.D. NosaoE. Jeffers  ER lived in Idaho?25y  city, state)Boise, Idaho  irth of Child
	ex Male	7. Twin or Triplet	cCormick If so—born 1st, 2nd, 3r	0. 110. MOILING 2	inth of Child lay, year) Aug. 28 189 ull 0f ime 9. Legitimate? Cour
11. (13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	FULL NAME GEORGE Color or Race	ce of TH pello (st Carpenter	IS birth26yrsLOW9ate or foreign country)	16. FULL MAIDEN NAME Annie  17. Color or Race White  19. Birthplace Bracken (City or town	18. Age at time of THIS birth
23.	Number of childr	ren of this mother:	(a) At time of birth a  ATTENDANT led the birth of this c	nd including this child (b)  'S CERTIFICATE  hild, who was DOIN	Born alive and now living Y.S. t10;00AM. on the d
25.	related to this ch Attendant's <b>OWN</b> signature (	ild asMOULLEI (Mot	her, etc.) M.D. Midwi	AFFIDAVIT to be completed w	rnside Date 4-25-42 hen the attendant does not so
in It	I, the undersigne tem 4, above, tha	ed, being first duly s t I am now	worn, say that I am thyears of age, t, who attended the ue to the best of my	in It  in Mother of Mother, etc.)  that I have known this person for the deceased of (Canno knowledge, and that I desire to a Burnside St., Polyof April	the person whose name appear50

(1937 Session Laws, Chapter 139, Section 4)

383206001453 United States (Be sure the information is as o	of date of birth of THIS child)	343177 State File No
Department of Commerce CERTIFICATE	· ·	Local Reg. No
Bureau of the Census STATE OF	T IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth)  (a) County	(c) City(d) Street Address or R.F.I. (e) How long has MOTHER	(b) County Mala.  D. No
	3. RESIDENCE OF FATHER (cit 5. Date of Birt	h of Child
4. FULL NAME Lorlie Olive Tyler:	(Month, day	y, year) Feb. 6, 1891
7. Twin or If so—born 6. Sex female Triplet 1st, 2nd, 3rd	8. No. months of Pregnacy 9 m	os. 9. Legitimate? yes
FATHER OF CHILD	MOTHER	OF CHILD
10. FULL NAME Oliver Sheridan Tyler	16. FULL MAIDEN Clara De	atri ok
11. Color 12. Age at time		
or Race white of THIS birth 30 yrs.  13. Birthplace San Jose, Illinois	or Race Wille	of THIS birth 20 yrs
13. Birthplace San JOSS 111111018 (City or town) (State or foreign country)	19. Birthplace Leon. Decat	(State or foreign country)
14 Exact	20 Exact	
Occupation Farmer	Occupation HOUSE W. 21. Industry or	igo.
15. Industry or Business		
Dugue 65	Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.		
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and	l including this child (b) B	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and  ATTENDANT'S	including this child	orn alive and now living
22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this children.	l including this child	orn alive and now living
22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chil and at the place stated above, and that personal particulars	l including this child	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chil  and at the place stated above, and that personal particulars related to this child as  (Mother, etc.)  25. Attendant's  M.D.	l including this child	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child  and at the place stated above, and that personal particulars related to this child as.  (Mother, etc.)  25. Attendant's  OWN signature  M.D.  Midwife	i including this child	Date  n the attendant does not sign
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chil  and at the place stated above, and that personal particulars related to this child as  25. Attendant's  OWN signature  State of  Washington  County of  Places	l including this child	Date  n the attendant does not sign
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as.  25. Attendant's (Mother, etc.)  26. Attendant's M.D. Midwife  State of Mashington State of Plance State of State of Mashington State of State of Mashington St	I including this child	Date  n the attendant does not sign 25.  he person whose name appear
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as.  25. Attendant's (Mother, etc.)  25. Attendant's M.D. Midwife  State of Mashington State of Mashing	I including this child	Date  n the attendant does not sign 25.  he person whose name appear
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as.  25. Attendant's (Mother, etc.)  25. Attendant's M.D. Midwife  State of Mashington State of Mashing	I including this child	Date  n the attendant does not sign 25.  he person whose name appear
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's M.D. Midwife  State of Mashington State of Ss.  I, the undersigned, being first duly sworn, say that I am the in Item 4; above, that I am now 78 years of age, that (First make) (Last name)	including this child	Date  n the attendant does not sign 25.  he person whose name appear  51years, and tha I further state tha
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as.  25. Attendant's (Mother, etc.)  26. Attendant's M.D. Midwife  State of Mashington State of Mashington (State of Mashington County of Plance (State of Mashington Midwife Midwife (State of Mashington Midwife Midwife Midwife (State of Mashington Midwife Midwife Midwife Midwife (State of Mashington Midwife Midwife Midwife Midwife Midwife (Midwife Midwife Midwif	including this child	Date  n the attendant does not signate
22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as (Mother, etc.)  25. Attendant's M.D. Midwife  State of Washington Ss.  I, the undersigned, being first duly sworn, say that I am the in Item 4; above, that I am now 78 years of age, that (First mane) (Last name) the facts on the certificate above are true to the best of my kn Chapter 139, 1937 Session Laws.	i including this child	Date  n the attendant does not sign 25.  he person whose name appear  51 years, and tha elocated)  lave this birth recorded under
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  20. Attendant's (Mother, etc.)  21. Attendant's (Mother, etc.)  22. Attendant's (Mother, etc.)  23. Attendant's (Mother, etc.)  24. I HEREBY CERTIFY That I attended the birth of this child and attended this (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  20. Midwife (Mother, etc.)  21. Attendant's (Mother, etc.)  22. Attendant's (Mother, etc.)  23. Attendant's (Mother, etc.)  24. I HEREBY CERTIFY That I attended the birth of this child and attended this (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. Attendant's (Mother, etc.)  28. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  20. Attendant's (Mother, etc.)  20. Attendant's (Mother, etc.)  20. Attendant's (Mother, etc.)  21. Attendant's (Mother, etc.)  22. Attendant's (Mother, etc.)  23. Attendant's (Mother, etc.)  24. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. Attendant's (Mother, etc.)  28. Attendant's (Mother, etc.)  29. Attendant's (Mothe	including this child	Date  n the attendant does not sign 25.  he person whose name appear  51 years, and tha elocated)  lave this birth recorded under
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as.  25. Attendant's (Mother, etc.)  26. Attendant's M.D. Midwife  State of Mashington State of Mashington (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am then in Item 4; above, that I am now 78. years of age, that (First maxe) the facts on the certificate above are true to the best of my kn Chapter 139, 1937 Session Laws.	including this child	Date  n the attendant does not sign 25.  he person whose name appear  51 years, and tha  le located)  lave this birth recorded under  Tacuma, The P. O. Addres , 19. 42.
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as.  25. Attendant's (Mother, etc.)  26. Attendant's M.D. Midwife  State of Mashington Ss.  I, the undersigned, being first duly sworn, say that I am then in Item 4, above, that I am now 78 years of age, that (First make) (Last name) the facts on the certificate above are true to the best of my kn Chapter 139, 1937 Session Laws.	including this child	Date  n the attendant does not sign 25.  he person whose name appears 51years, and thate located)  ave this birth recorded under the state of the sign at the second of the sign at the
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as.  25. Attendant's (Mother, etc.)  26. Attendant's M.D. Midwife  State of Washington Ss.  I, the undersigned, being first duly sworn, say that I am then in Item 4, above, that I am now 78 years of age, that (First mane) the facts on the certificate above are true to the best of my kn Chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this 27th day of	including this child	Date  n the attendant does not sign 25.  he person whose name appears 51years, and thate located)  ave this birth recorded under the state of the sign at the second of the sign at the
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particulars related to this child as.  25. Attendant's (Mother, etc.)  26. Attendant's M.D. Midwife  State of Washington Ss.  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now 78 years of age, that (First mane) the facts on the certificate above are true to the best of my kn Chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this 27th day of (SEAL)	including this child	Date  n the attendant does not sign 25.  he person whose name appears 51years, and thate located)  ave this birth recorded under the state of the sign at the second of the sign at the

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	ormation is as of date of birth of THIS CERTIFICATE OF BIRTH STATE OF IDAHO	Local Reg. NoReg. Dist. No
(a) County	(a) State (c) City (d) Street Address	or R.F.D. No.
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 3 months	days 3. RESIDENCE OF FATI	MOTHER lived in Idea?
6. Sex MALE Triplet	If so—born 8. No. month 1st, 2nd, 3rd of Pregna	
10. FULL FATHER OF CHILD NAME Cough Washington 11. Color 12. Age at time	16. FULL MADER NAME NAME 17. Color	other of CHILD  Thick Owen thendrick  18. Age at time 37
or Race of THIS birth.  13. Birthplace (City or town) (State or foreign		Like oil this birth of yr
14. Exact (City or town) (State or foreign Cocupation Farmer 15. Industry or Business	20 Exact	bouse wife
24. I HEREBY CERTIFY That I attended the b	ATTENDANT'S CERTIFICATE irth of this child, who was(Born alive, still	at
and at the place stated above, and that person related to this child as		(Last name) Date
State of ss.  County of ss.  I, the undersigned, being first duly sworn, say	RIP	ted when the attendant does not sig in Item 25of the person whose name appea
in Item 4, above, that I am now 2 your (Pirst name) (Last name)	ears of age, that I have known this per	son for years, and th
the facts on the certificate above are true to the Chapter 139, 1937 Session Laws.	best of my knowledge, and that I des	ire to have this birth recorded und
Subscribed and sworn to before me this	Notary Public, r	
Received for filing on	/ M. M.	Registre

(1937 Session Laws, Chapter 139, Section 4)

	154-105 022 432		343439
27	United States (Be sure the information is	as of date of birth of THIS child)	State File No.
용뜊	Department of Commerce CERTIFIC	CATE OF BIRTH	Local Reg. No
	Bureau of the Census STATE	E OF IDAHO	Reg. Dist. No
icate. Mail COMPLETED certificate in enfor filing. Each ce	1. PLACE OF BIRTH (All items at time of this birth)  (a) County APMAN (b) City (c) Street Address or R.F.D. No.  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: IN THIS county years months days  4. FULL NAME OF CHILD If so—bo Triplet Single 1st, 2nd,  FATHER OF CHILD  10. FULL NAME OF CHILD  11. Color white 12. Age at time or Race of THIS birth 29 yrs	2. USUAL RESIDENCE OF MOT  (a) State 9000  (c) City 1000  (d) Street Address or R.F.  (e) How long has MOTHER  5. Date of Birt  (Month, da  orn 8. No. months of Pregnacy 16. EULI MAIDES	THER (At time of this birth) (b) County - New The County
Print.	13. Birthplace Salaham eig Man	19. Birthplace Kelty B	oin cs. scotland
ing this ce oise, Idah in.	14. Exact (City town) (State or foreign country) Occupation (State or foreign country) 15. Industry or Business	20. Exact Occupation 21. Industry or Business	(State or foreign country)
₹ <b>4</b> 8	22. Name prophylactic used to prevent Ophthalmia Neonator	Boras acid	
1 5 P	23. Number of children of this mother: (a) At time of birth		Rorn alive and now living
244		NT'S CERTIFICATE	orn anve and now name
bon in saf Sta sey or	24. I HEREBY CERTIFY That I attended the birth of this		M. on the date
iter ribite of Vit	and at the place stated above, and that personal partice related to this child as(Mother, etc.)	ulars were furnished by(First name	who is
reau	25. Attendant's M.D.  OWN signature / Midv		Date
cord tylitate B.	State of Many State of Many State of St	AFFIDAVIT to be completed when in Item	n 25.
to Re	I, the undersigned, being first duly sworn, say that I am	(Mother etc.)	he person whose name appears
BLACK stage paym	in Item 4, above, that I am now years of age  MANY SOLUMEN, who attended  (First name)	this birth (Is now deceased) or (Cannot b	Laste I further state that
ASS podyance	the facts on the certificate above are true to the best of m Chapter 139, 1937 Session Laws.	y knowledge, and that I desire to l	nave this birth recorded under
70°		• • • • • • • • • • • • • • • • • • • •	M Signature
A T .	Subscribed and	of april	P. O. Address
BLA FIRS1 uires	Subscribed and sworn to before me this	Notary Public, residing	my Texpans Stales
and I	(Note: Perjury is punishable as a felony in Idaho; see S	ec. 17-914, Idaho Code Annotated.)	at
Use ( bearing	Received for filing on	VM A W / R	, Registrar.

(1937 Session Laws, Chapter 139, Section 4)

Bureau of the Census		E OF BIRTH OF IDAHO	Local Reg. No Reg. Dist. No
1. PLACE OF BIRTH (All items at  (a) County Fremont  (c) Street Address or R.F.D. I  (d) Name of Hospital or Mate  DOTH at home  (e) Mother's stay BEFORE deliv  IN THIS county 3 yea  4. FULL NAME  OF CHILD Melvin Lou  7. Twin on  6. Sex Male	(b) City Parker Nornity Home: very: rs 1 months days	(a) State Idaho	other (At time of this birth (b) County Fremont.  F.D. No
FATHER OF	<del></del>	T	R OF CHILD
or Race White	Age at time of THIS birth 29 yrs. a., Norway (State or foreign country)	16. FULL MAIDEN NAME Emily 17. Color or Race. White 19. Birthplace Salt I  20. Exact (City or town Occupation Housey 21. Industry or Business	Wilkinson  18. Age at time 27  ake City, Utah (State or foreign country) wife
22. Name prophylactic used to pr	event Ophthalmia Neonatorum	nothing used	
23. Number of children of this m			
		CEDTIEICATE	
	attended the birth of this che, and that personal particular	cid, who was	
and at the place stated above related to this child as	e, and that personal particular  (Mother, etc.)  M.D.  Midwife	(Born alive, stillborn) s were furnished by(First na	
and at the place stated above related to this child as	(Mother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the  80 years of age, th  1 Last name)  are true to the best of my k	(Born alive, stillborn)  s were furnished by (First not)  Address  AFFIDAVIT to be completed with I (Mother, etc.)  at I have known this person for its birth 18. NOW deceased or (Cannon mowledge, and that I desire to	Date  Date  then the attendant does not seem 25.  If the person whose name apportunity of the person whose name apportunity of the located)
and at the place stated above related to this child as	(Mother, etc.)  (Mother, etc.)  (Mother, etc.)  M.D.  Midwife  Ss.  duly sworn, say that I am the  SOyears of age, the  Last name)  are true to the best of my k  2564	ilid, who was (Born alive, stillborn)  s were furnished by (First no example of the completed win It is the completed win It is birth is now deceased) or (Cannowledge, and that I desire to the complete of t	Date  Chen the attendant does not tem 25.  If the person whose name apportunity of the belocated of have this birth recorded up to be located of the City, U.P.O. Add
and at the place stated above related to this child as	(Mother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the  80 years of age, th  1 Last name)  are true to the best of my k  2564  ore me this 28th day of	(Born alive, stillborn)  s were furnished by (First not)  Address  AFFIDAVIT to be completed win It  Father (Mother, etc.)  at I have known this person for is birth is now deceased) or (Cannowledge, and that I desire to the second se	Date  Then the attendant does not them 25.  If the person whose name apportunity of the botated of the located

(1937 Session Laws, Chapter 139, Section 4)

United States Department of Commerce Bureau of the Census	(Be sure the information is as c CERTIFICATI STATE OI	E OF BIRTH	State File No. 34347 Local Reg. No. Reg. Dist. No.
1. PLACE OF BIRTH (All items (a) County	t time of this birth) (b) City Grangeville Noernity Home: ivery: ars months days COUGLAS CHASE	2. USUAL RESIDENCE OF MOT  (a) State. £daho	THER (At time of this birth) (b) CountyIdaho le  D. No
6. Sex Male Triple			9. Legitimate? Yes
or Race	A A	16. FULL MAIDEN Laura B 17. Color or Race White 19. Birthplace Marshfie 20. Exact Occupation Housew	18. Age at time 19 ld, of THIS birth 19
15. Industry or Business Farm cwner  22. Name prophylactic used to p		21. Industry or Home	
15. Industry or Business Farm owner  22. Name prophylactic used to p  23. Number of children of this p	nother: (a) At time of birth and ATTENDANT'S	Business Home  i including this child	Sorn alive and now living
15. Industry or Business Farm owner  22. Name prophylactic used to p  23. Number of children of this p  24. I HEREBY CERTIFY That and at the place stated aborelated to this child as	ATTENDANT'S  I attended the birth of this chi ye, and that personal particulars ther	Business Home	30rn alive and now living
15. Industry or Business Farm owner  22. Name prophylactic used to p  23. Number of children of this p  24. I HEREBY CERTIFY That and at the place stated about	ATTENDANT'S  I attended the birth of this chi ye, and that personal particulars	Business  it including this child	30rn alive and now living
15. Industry or Business Farm owner  22. Name prophylactic used to p  23. Number of children of this p  24. I HEREBY CERTIFY That  and at the place stated aborelated to this child as	nother: (a) At time of birth and ATTENDANT'S  I attended the birth of this chi ye, and that personal particulars (Mother, etc.)  M.D. Midwife	Business  it including this child	Cha se who (Last name)  Date on the attendant does not so 25.
15. Industry or Business Farm owner  22. Name prophylactic used to p  23. Number of children of this p  24. I HEREBY CERTIFY That  and at the place stated aborelated to this child as mod  25. Attendant's OWN signature  State of California County of Los Anzelas  I, the undersigned, being fir in Item 4, above, that I am now	ATTENDANT'S  I attended the birth of this chi ye, and that personal particulars (Mother, etc.)  M.D. Midwife  ss.  st duly sworn, say that I am the 69 years of age, the Midwife (Last name) we are true to the best of my kn	Business  It including this child	Cha se who can be elecated any control of the person whose name appears, and the elecated are this birth recorded un callage.
15. Industry or Business Farm owner  22. Name prophylactic used to p  23. Number of children of this p  24. I HEREBY CERTIFY That  and at the place stated aborelated to this child as	ATTENDANT'S  I attended the birth of this chi re, and that personal particulars.  (Mother, etc.)  M.D.  Midwife  ss.  st duly sworn, say that I am the. 69 years of age, the (Last name) re are true to the best of my kn  129 S.  fore me this 28th day of	Business  d including this child	Cha se who (Last name)  Date  In the attendant does not so the person whose name appears, and the control of th

(1937 Session Laws, Chapter 139, Section 4)

United States Department of Commerce Bureau of the Census  (Be sure the information is as of CERTIFICATE STATE OF	OF BIRTH Local Reg. No
1. PLACE OF BIRTH (All items at time of this birth)  (a) County Idaho (b) City Grangeville  (c) Street Address or R.F.D. No. XX  (d) Name of Hospital or Maternity Home:	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State Idaho (b) County Idaho  (c) City Grangeville  (d) Street Address or R.F.D. No. X  (e) How long has MOTHER lived in Idaho?  3. RESIDENCE OF FATHER (city, state) Walla Wall
4. FULL NAME OF CHILD Edna Ethel Howard 7. Twin or 6. Sex Female Triplet x 1st, 2nd, 3rd	5. Date of Birth of Child (Month, day, year) Apr. 30,  8. No. months X of Pregnacy 9 9. Legitimate? Year
10. FULL NAME / CYMIS Howard  11. Color 12. Age at time 34 yrs.  13. Birthplace X Texas  (City or town) (State or foreign country)  14. Exact Coccupation Farmer  15. Industry or Business X  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this children of t	including this child
and at the place stated above, and that personal particulars related to this child as	were furnished by X (First name) (Last name) who
State of Idaho ss.  County of Ss.  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now 67 years of age, tha Hannah Seay who attended this (First name) (Last name)  the facts on the certificate above are true to the best of my kn	(Mother, etc.)  t I have known this person for
Chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this	Grangeville, Idaho P.O. Addr

MAY 23 1956

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

6/3 224 007/ United States Department of Commerce	(Be sure the information is as	of date of birth of THIS child)	State File No. 343648 Local Reg. No.
Bureau of the Census	STATE C	F IDAHO	Reg. Dist. No
(c) Street Address or R.F. (d) Name of Hospital or	'D. No	(c) City Seller (d) Street Address or R.F.	(b) County Gainle
(e) Mother's stay BEFORE IN THIS county	years months days	3. RESIDENCE OF FATHER (cit	
(e) Mother's stay BEFORE IN THIS county  4. FULL NAME OF CHILD	rin or from If so—born 1st, 2nd, 3rd	5. Date of Bir (Month, da 8. No. months of Pregnacy	th of Child y, year) was 2 TR 1891 - 9. Legitimate?
10. FULL GOOGLE  11. Color or Race (Citior total)  13. Birthplace (Citior total)  14. Exact Occupation	12. Age at time of THIS birth yrs.  (State or typign country)	16. FULL MAIDEN MOTHER NAME	18. Age at time 3.3 yrs.  (State or foliage country)
15. Industry or Business	1	21. Industry or Business	- 0
22. Name prophylactic used	to prevent Ophthalmia Neonatorum		
23. Number of children of th	is mother: (a) At time of birth an		Born alive and now living.
24. I HEREBY CERTIFY T	hat I attended the birth of this ch	ild, who wasatat (Born alive, stillborn)	M. on the date
related to this child as	above, and that personal particular	s were furnished by(First name	
25. Attendant's OWN signature	M.D. Midwife	Address	Date
State of County	gener)	AFFIDAYIT to be completed when in Item	n 25.
I, the undersigned, being	first duly sworn, say that I am the		he person whose name appears
in Item 4, above, that I am n	owyears of age, th	at I have known this person for s birth (Is now deceased) or (Cannot b	I further state that
the facts on the certificate a Chapter 139, 1937 Session La	bove are true to the best of my k	nowledge, and that I desire to l	
Subscribed and sworn to (SEAL)	before me this 2 of day of nable as a felony in Idaho; see Sec.	OCA-A Notary Public, residing	t los augeles
Received for filing on	MAY 2 1912	by Maly to late	, Registrar.

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Department of Commerce Bureau of the Census  STATE OF IDAHO  1. PLACE OF BIRTH (All items at time of this birth) (a) CountyBingham. (b) City Sada Springs (c) Street Address or R.F.D. No (d) Name of Hospital or Maternity Home:  (e) Micher's stay BFFORE delivery: IN THIS county 16 years months days  4. FULL NAME OF CHILD. Res Dubo's Gorton SEX Male Triplet Twin Is, and, 3rd  5. Date of Birth of Child NAME George W. Gorton 11. Color White 12 Age at time of THIS birth. 44 yrs. 13. Birthplace. SCR BILDON. PSIMI. 15. Industry or Business General Merchandise  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  Morner of Child and the place stated above, and that personal particulars were furnished by own in Item 4, above, that I am now. 64 years of age, that I have known this person for. 51 years of the person whose name in Item 4, above, that I am now. 64 years of age, that I have known this person for. 51 years of April 18, 137 years of the person whose name in Item 4, above, that I am now. 64 years of age, that I have known this person for. 51 years, DR April 20, 200 years of age, that I have known this person for. 51 years, DR April 20, 200 years of age, that I have known this person for. 51 years, DR April 20, 200 years of age, that I have known this person for. 51 years, DR April 20, 200 years of age, that I have known this person for. 51 years, DR April 20, 200 years of age, that I have known this person for. 51 years, DR HOAVIT to be completed when the attendant does in Item 25. April 20, 200 years of age, that I have known this person for. 51 years, DR HOAVIT to be completed when the attendant does in Item 25. April 20, 200 years of age, that I have known this person for. 51 years, DR HOAVIT to be completed when the attendant does in Item 25. April 20, 200 years of age, that I have known this person for. 51 years, DR HOAVIT to be completed when the attendant does in Item 25. April 20, 200 years, DR HOAVIT to be completed when the attendant does in Item 25. April 20, 200 years, DR HOAVIT to be com	United States (Be sure the information is as	of date of birth of THIS child)	3437
1. PLACE OF BIRTH (All items at time of this birth) (a) CountyBingham	•		Local Reg. No
(a) CountyBingham. (b) CitySada Springs (c) Street Address or R.F.D. No. (c) City Sada Springs (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: IN THIS county 16 years months days  4. FULL NAME OF CHILD. Ree 8. Dubols Gorton  6. Sex Male  7. Twin or Triple Twin Is 5. Doorn 18. Sex Male  7. Twin or Triple Twin Is 2nd, 3rd 19. Birthplace Scranton, 5 Phile 10. FULL MAIDEN Leah Maria Waylett 11. Ord 12. Age at time of FILLS birth 44 yrs. 13. Birthplace Scranton, 5 Phile 15. Industry or Business  16. Full Maiden More Chant 16. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and including this child 9. (b) Born alive and now livity of Business  24. I HEREBY CERTIFY That I attended the birth of this child, who was related to this child as.  25. Attendant's Own signature  M.D. Midwife Address  M.D. Midwife Address  AFFIDAVIT to be completed when the attendant does on the facts on the certificate above are true to the best of my knowledge, and that J desirey to have this birth record chapter 139, 1937 Session Laws.  Scala Springs Idaho  Scala Springs Idaho  P.O. Subscribed and sworn to before me this. 9th day of April.  (SEAL)  (Note: Perjusy is punishable as a felony in 14thps: see Sec. 17-914 [Maho Code Annotated.)  (SEAL)  (Note: Perjusy is punishable as a felony in 14thps: see Sec. 17-914 [Maho Code Annotated.)  (Note: Perjusy is punishable as a felony in 14thps: see Sec. 17-914 [Maho Code Annotated.)  (Note: Perjusy is punishable as a felony in 14thps: see Sec. 17-914 [Maho Code Annotated.)  (Note: Perjusy is punishable as a felony in 14thps: see Sec. 17-914 [Maho Code Annotated.)  (Note: Perjusy is punishable as a felony in 14thps: see Sec. 17-914 [Maho Code Annotated.)  (Note: Perjusy is punishable as a felony in 14thps: see Sec. 17-914 [Maho Code Annotated.)  (Note: Perjusy is punishable as a felony in 14thps: see Sec. 17-914 [Maho Code Annotated.)			Reg. Dist. No
4. FULL NAME Rees Dubo's Gorton 5. Date of Birth of Child (Month, day, year) Jan 3, 1 5. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 7. Twin or Triplet Twin Is, 2nd, 3rd 7. Twin Twin Is, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? 16. FULL MAIDEN MOTHER OF CHILD 16. FULL MAIDEN MOTHER OF CHILD 17. Color or Race. White Of This Pregnacy 9 9. Legitimate? 18. Age at time or Race. White Of Triplet Is, 2nd Rapidet Twin Is, 3, 1, 2nd Rapidet Twin Is, 3, 1, 2nd Rapidet Twin Is, 2nd Rapidet, 3nd Rapide	(a) CountyBingham (b) City.SadaSpr.ings (c) Street Address or R.F.D. No	(a) State Idaho	. (b) County.Bingham lings D. No
6. Sex Male 7. Twin or Triplet Twin 1st, 2nd, 3rd 2nd 8. No. months of Pregnacy 9 9. Legitimate?  FATHER OF CHILD  10. FULL George W. Gorton  11. Color or Race White 12. Age at time of THIS birth, 44 yrs. 13. Birthplace SCRANTON, Penn. (State or foreign country)  14. Exact (City or town) (State or foreign country)  15. Industry or Business General Merchandise  16. Industry or Business  17. Twin or Race White 0 of THIS birth, 44 yrs. 18. Industry or Business  19. Birthplace Salt Lake City, Utan (City or town) (State or foreign country)  19. Birthplace Salt Lake City, Utan (City or town) (State or foreign country)  10. Exact (City or town) (State or foreign country)  11. Industry or Business  12. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now livi ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  ATTENDANT'S CERTIFICATE  25. Attendant's Own signature Midwife Address Date  State of Idaho (Sea and Country) (Sea and Sworn to before me this, 9th day of April 1937 Session Laws.			
10. FULL George W. Gorton 11. Color or Race. White 12. Age at time of THIS birth. 44 yrs. 13. Birthplace. Scranton, Penn. 14. Exact Occupation Merchant 15. Industry or Business General Merchandise 16. Industry or Business General Merchandise 17. Color White 18. Age at time or Race. White 18. Age at time or Race. White 19. Birthplace. Sait Lake City, Utan 19. Birthplace. Sait Lake City, Utan 19. Birthplace Sait House Wife 19. Birthplace Sait Lake City, Utan 19. Birthplace Sait Lake City City occupied Sait Lake City, Utan 19. Birthplace Sait Lake City, Utan 19. Birt	OF CHILD REES DUDOIS GOTTON	(Month, d	ay, year)Jan 3,189
10. FULL MAIDEN NAME 11. Color or Race White 12. Age at time of THIS birth 44 yrs. 13. Birthplace SCRANton, Feinh. 14. Exact (City or town) (State or foreign country) 15. Industry or Business General Merchant 16. Summer of children of this mother: (a) At time of birth and including this child. 17. Color or Race White 18. Age at time or Race White 19. Birthplace SAIT Lake City, Utah 18. Exact (City or town) (State or foreign country) 19. Birthplace SAIT Lake City, Utah 19. Birthplace SAIT Lake		<del>,</del>	
11. Color or Race. White 12. Age at time of THIS birth 44 yrs.  13. Birthplace SCRAILON, Penn.  14. Exact Occupation Merchant  15. Industry or Business  16. General Merchandise  27. Name prophylactic used to prevent Ophthalmia Neonatorum.  28. Number of children of this mother: (a) At time of birth and including this child.  29. Industry or Business  20. Industry or Business  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child.  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  25. Attendant's OWN signature  26. Attendant's OWN signature  27. M.D. Midwife Address  28. AFFIDAVIT to be completed when the attendant does in Item 25.  29. It undersigned, being first duly sworn, say that I am the brother, etc.)  20. Exact (City or town) (State or foreign or This birth).  20. Exact (City or town) (State or foreign occupation)  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child.  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  25. Attendant's OWN signature  Salt Lake City. Utan.  20. Exact (City or town) (State or foreign occupation)  (Born alive, stillborn)  (Born alive, still	10. FULL George W Gorton		
15. Industry or Business General Merchandise  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living the child of this child of this child, who was (Born alive, stillborn)  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  20. Attendant's (Mother, etc.)  21. Industry or Business  22. Industry or Business  23. Industry or Business  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. I the undersigned, being first duly sworn, say that I am the brother. (Mother, etc.)  28. I the undersigned, being first duly sworn, say that I am the brother. (Mother, etc.)  29. I the undersigned, being first duly sworn, say that I am the brother. (Mother, etc.)  29. I the undersigned, being first duly sworn, say that I am the brother. (Mother, etc.)  29. I the undersigned, being first duly sworn, say that I am the brother. (Mother, etc.)  29. I thouse of the person whose name in Item 25.  29. I thouse of this birth is now (Last name)  20. I the undersigned the attendant does in Item 25.  20. I the undersigned the attendant does in Item 25.  21. Industry or Business  22. I the undersigned to this birth of this child, who was (Born alive stillborn)  29. I the undersigned the attendant does in Item 25.  20. I the undersigned the attendant does in Item 25.  21. Industry or Business  22. I the undersigned to this child. (Born alive stillborn)  23. Attendant's or the person of the person whose name in Item 25.  24. I the undersigned the undersigned the attendant does or the person of	11. Color or Race White 12. Age at time of THIS birth 44 yrs.  13. Birthplace Scranton, Penn.  (City or town) (State or foreign country)	17. Color or Race White 19. Birthplace Salt La (City or town)	18. Age at time of THIS birth 35 ake City, Utah
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  and at the place stated above, and that personal particulars were furnished by (First name)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. AFFIDAVIT to be completed when the attendant does in Item 25.  I, the undersigned, being first duly sworn, say that I am the Drother (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the Drother (Mother, etc.)  Dr HOOVER , who attended this birth 1s now deceased) or (Cannot be located)  the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record Chapter 139, 1937 Session Laws.  Soda Springs, Idaho P.O  Subscribed and sworn to before me this 9th day of April 1, 19,42  (SEAL)  (Note: Perjusy is punishable as a felony in Idahe; see Sec. 17-914, Idaho Code Annotated by Incompleted and Incompleted by Inc	15. Industry or	21. Industry or	WIIG
ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  and at the place stated above, and that personal particulars were furnished by (First name)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  State of Idaho Ss. (Midwife Address Date  State of Jaho Ss. (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the Drother of the person whose name in Item 4, above, that I am now 64 years of age, that I have known this person for 51 years, Dr. Hoover (Last name) (Last name)  (First name) (Last name) (Last name)  (First name) (Last name) (Last name)  (First name) (Last name) (I snow deceased) or (Cannot be located)  the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record Chapter 139, 1937 Session Laws.  Soda Springs, Idaho P. O  Subscribed and sworn to before me this Sth day of April 1942 (SEAL)  (Note: Perjury is punishable as a felony in Idahe; see Sec. 17-914, Idaho Code Annotated by			
24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  and at the place stated above, and that personal particulars were furnished by (First name)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  State of Idaho State of Caribou Ss.  I, the undersigned, being first duly sworn, say that I am the brother of the person whose name in Item 4, above, that I am now 64 years of age, that I have known this person for 51 years, (First name)  27. HOOVER (Last name) (Last name) (Is now deceased) or (Cannot be located)  28. The facts on the certificate above are true to the best of my trowledge, and that I desire to have this birth record Chapter 139, 1937 Session Laws.  29. Notary Public, residing at (SEAL)  (Note: Perjury is punishable as a felony in Idaha; see Sec. 17-914 Idaho Code Annotated.)			
25. Attendant's M.D. Midwife Address Date  State of Idaho Ss. Affidavit to be completed when the attendant does in Item 25.  I, the undersigned, being first duly sworn, say that I am the Drother of the person whose name in Item 4, above, that I am now 64 years of age, that I have known this person for 51 years, Dr Hoover who attended this birth is now deceased or (Cannot be located)  (First name) (Last name) (Is now deceased) or (Cannot be located)  the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record Chapter 139, 1937 Session Laws.  Soda Springs, Idaho P.O. Subscribed and sworn to before me this 9th day of April 1942 (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)	23. Number of children of this mother: (a) At time of birth an	d including this child $9$ (b)	
OWN signature  State of Idaho Ss.  I, the undersigned, being first duly sworn, say that I am the Drother of the person whose name in Item 4, above, that I am now 64 years of age, that I have known this person for 51 years, Dr Hoover who attended this birth 1s now deceased or (Cannot be located)  the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record Chapter 139, 1937 Session Laws.  Soda Springs Idaho P. O Subscribed and sworn to before me this 9th day of April 1,1942 (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)	23. Number of children of this mother: (a) At time of birth an ATTENDANT'S 24. I HEREBY CERTIFY That I attended the birth of this ch	d including this child (b)  CERTIFICATE  tild, who was	Born alive and now living.
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name (Mother, etc.)  in Item 4, above, that I am now 64 years of age, that I have known this person for 51 years,  Dr Hoover (First name) (Last name) (Is now deceased) or (Cannot be located)  the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record Chapter 139, 1937 Session Laws.  Soda Springs, Idaho P. of Subscribed and sworn to before me this 9th day of April 1942 (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	23. Number of children of this mother: (a) At time of birth an ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chand at the place stated above, and that personal particular	d including this child (b)  CERTIFICATE  tild, who was	Born alive and now living
in Item 4, above, that I am now 64 years of age, that I have known this person for 51 years,  Dr Hoover who attended this birth 18 now deceased I further service (Is now deceased) or (Cannot be located)  the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record Chapter 139, 1937 Session Laws.  Soda Springs Idaho  Subscribed and sworn to before me this 9th day of April 1942  (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	23. Number of children of this mother: (a) At time of birth an  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this ch  and at the place stated above, and that personal particular related to this child as  (Mother, etc.)  25. Attendant's  M.D.	d including this child	Born alive and now living.
in Item 4, above, that I am now 64 years of age, that I have known this person for 51 years,  Dr HOOVER (First name) (Last name) (Is now deceased) or (Cannot be located)  the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record Chapter 139, 1937 Session Laws.  Soda Springs Idaho  Subscribed and sworn to before me this 9th day of April , 1942  (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	23. Number of children of this mother: (a) At time of birth an  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this ch  and at the place stated above, and that personal particular related to this child as  (Mother, etc.)  25. Attendant's  OWN signature  M.D.  Midwife  State of Idaho	d including this child	Born alive and now living
Chapter 139, 1937 Session Laws.  Soda Springs, Idaho  Subscribed and sworn to before me this 9th day of April , 19.42.  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	23. Number of children of this mother: (a) At time of birth an ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Idaho County of Carlboul (Ss.)  I, the undersigned, being first duly sworn, say that I am the	d including this child	Date nen the attendant does no em 25. the person whose name ap
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record Chapter 139, 1937 Session Laws.  Soda Springs, Idaho  Subscribed and sworn to before me this 9th day of April 19.42  (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	23. Number of children of this mother: (a) At time of birth an  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular related to this child as  (Mother, etc.)  25. Attendant's  OWN signature  State of	ad including this child	Born alive and now living.  M. on the control (Last name)  Date  nen the attendant does not em 25.  the person whose name approximately person whose name approximately person and person years, and
Subscribed and sworn to before me this 9th day of April , 19.42 (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	23. Number of children of this mother: (a) At time of birth an  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular related to this child as  (Mother, etc.)  25. Attendant's  OWN signature  State of	ad including this child	Born alive and now living.  M. on the (Last name)  Date  nen the attendant does not em 25.  the person whose name as r. 51. years, an
Subscribed and sworn to before me this 9th day of April , 19.42 (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	23. Number of children of this mother: (a) At time of birth an  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child at the place stated above, and that personal particular related to this child as  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Idaho County of Carlbou ss.  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now 64 years of age, the Dr Hoover (Pirst name) (Last name)  (Charten 120, 1027 Session Loves	d including this child	Born alive and now living.  M. on the control of th
(SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	23. Number of children of this mother: (a) At time of birth an ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Idaho County of Caribou (ss.)  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now 64 years of age, the (First name) (Last name)  the facts on the certificate above are true to the best of my keep the content of the certificate above are true to the best of my keep the content of the certificate above are true to the best of my keep the content of the certificate above are true to the best of my keep the content of the certificate above are true to the best of my keep the content of the certificate above are true to the best of my keep the content of the certificate above are true to the best of my keep the content of the certificate above are true to the best of my keep the content of the certificate above are true to the best of my keep the content of the certificate above are true to the best of my keep the content of the certificate above are true to the best of my keep the certificate above are true to the best of my keep the certificate above are true to the best of my keep the certificate above are true to the best of my keep the certificate above are true to the best of my keep the certificate above are true to the best of my keep the certificate above are true to the certificate above ar	d including this child	Born alive and now living
	23. Number of children of this mother: (a) At time of birth an ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of Idaho County of Carloou ss.  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now 64 years of age, the (First name) (Last name)  the facts on the certificate above are true to the best of my k Chapter 139, 1937 Session Laws.	d including this child. 9	Born alive and now living.  M. on the me)  (Last name)  Date  Date  The attendant does not me 25.  The person whose name as r. 51
Received for filing on MAY 5 1942 by May 5	23. Number of children of this mother: (a) At time of birth an ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child as and at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  State of Idaho County of Carlboll (Ss.  I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now 64 years of age, the Dr Hoover (Pirst name) (Last name) the facts on the certificate above are true to the best of my k Chapter 139, 1937 Session Laws.	d including this child. 9	Date  The person whose name appreciate delicated)  have this birth recorded  Sign  P. O. Act  19.42  1 M. on the statement of the statement of the attendant does not see the statement of the st

(1937 Session Laws, Chapter 139, Section 4)

Burea	ed States Wartment of Commo	erce	CERTIFICAT STATE (	of date of birth of THIS chi FE OF BIRTH OF IDAHO	State File No. 49 Local Reg. No. 49 Reg. Dist. No. 10
(a) (c) (d	County Bla1: Street Address	or R.F.D. Notal or Maternity H	y Belle <b>vu</b> e	(a) State Idaho (c) City Bellev (d) Street Address or	MOTHER (At time of this birth (b) CountyBlaine R.F.D. No
OF	JLL NAME Ed1: CHILD Ed1:	th Viola Jo 7. Twin or Triplet	nes If so—born 1st, 2nd, 3r	8. No. months	
	F	ATHER OF CHILD	200, 2114, 01	TOM	HER OF CHILD
10. FI	ULL James	Miller Jor	1e <b>s</b>	16. FULL MAIDEN da R	osetta Skyles
11. C or 13. B	r RaceWhite Birthplace St.	12. Age at of TH	IS birth 24 yrs.	or Race White 19. Birthplace Rolls	of THIS birth 18 MISSOUFI
14 12	City (	or town) (St	ate or foreign country)	20 Errock	own) (State or foreign country
15. In B	ndustry or Business			21. Industry or Business Hom	
22. N 23. N	Name prophylactic Number of childre	used to prevent C n of this mother:	<del></del>	nd including this child.1	(b) Born alive and now living. 1.
23. N 24. I	Number of children HEREBY CERT and at the place so related to this child	IFY That I attended tated above, and to day.	ATTENDANT" ied the birth of this cl hat personal particula her, etc.)	nd including this child.1	(b) Born alive and now living. I.  (Cat
23. N 24. I 25. A	Number of children HEREBY CERT	IFY That I attended tated above, and to day.	ATTENDANT' ied the birth of this cl hat personal particula	s CERTIFICATE hild, who was BORN Aliv (Born alive, stillbor rs were furnished by	(b) Born alive and now living. I.  (Cat
23. N 24. I 25. A 50 State	HEREBY CERT and at the place selected to this child attendant's bwn signature of	IFY That I attended tated above, and to day.	(a) At time of birth at  ATTENDANT' led the birth of this cl hat personal particula her, etc.)  M.D. Midwif	nd including this child. 1	(b) Born alive and now living.  [Cat
23. N 24. I 25. A 25. A Countries I in Ite	HEREBY CERT and at the place seleted to this child attendant's WN signature of	IFY That I attend tated above, and to das MOUNEY  (Moto)  being first duly s I am now	ATTENDANT' died the birth of this cl hat personal particula her, etc.)  M.D. Midwif	conding this child. I	(b) Born alive and now living
23. N 24. I 25. A  State Coun  I in Ite	HEREBY CERT and at the place seleted to this child attendant's WN signature of the undersigned, the undersigned, em 4, above, that First name)	an of this mother:  IFY That I attend that a hove, and the district of the results of the result	At time of birth an ATTENDANT's led the birth of this cle that personal particula her, etc.)  M.D. Midwift sss.  worn, say that I am the worn, say that I am the worn, who attended the her word with the state of the birth and the state of the same with the state of the same with the state of the same with the	e Address  AFFIDAVIT to be completed in the I have known this person is birth	(b) Born alive and now living
23. N  24. I  25. A  State Coun  I in Ite  (I the fa	HEREBY CERT and at the place selected to this child attendant's WN signature of the office of the office of	That I attend tated above and to das MOTHET (Mother tated above are trained to before me	ATTENDANT ded the birth of this class class constraints and the birth of this class class constraints and the birth of this class cl	e Address  AFFIDAVIT to be completed in the I have known this person is birth	(b) Born alive and now living.  (Cat

(1937 Session Laws, Chapter 139, Section 4)

791 214001 359 United States Department of Commerce Bureau of the Census	(Be sure the information is as of CERTIFICATE STATE OI	OF BIRTH	State File No.34401 Local Reg. No
(c) Street Address or R.F.D. (d) Name of Hospital or Ma  (e) Mother's stay BEFORE do IN THIS county	(b) City.Bolse	2. USUAL RESIDENCE OF MOT  (a) StateIda.hg	D. No. // falson lived in Idaho? // y, state)Boise Idaho
4. FULL NAME OF CHILD		(Month, day	9. Legitimate?Yes
11. Color or Race White  13. Birthplace (City or town)  14. Exact	2. Age at time of THIS birth	16. FULL MAIDEN NAME LOUISS Beth 17. Color or Race White 19. Birthplace (City or town) 20. Exact	OF CHILD  (Renry  18. Age at time of THIS birth
Business	prevent Ophthalmia Neonatorum	Business	
Business  22. Name prophylactic used to	prevent Ophthalmia Neonatorum. mother: (a) At time of birth and ATTENDANT'S	Business I including this child (b) B	orn alive and now living 5
Business  22. Name prophylactic used to  23. Number of children of this  24. I HEREBY CERTIFY Tha	mother: (a) At time of birth and ATTENDANT'S t I attended the birth of this chi ove, and that personal particulars	Business  I including this child (b) E  CERTIFICATE  Id, who was	orn alive and now living 5
Business  22. Name prophylactic used to  23. Number of children of this  24. I HEREBY CERTIFY Tha  and at the place stated ab	mother: (a) At time of birth and ATTENDANT'S t I attended the birth of this chi ove, and that personal particulars	Business  i including this child	orn alive and now living 5
Business  22. Name prophylactic used to  23. Number of children of this  24. I HEREBY CERTIFY That  and at the place stated aborelated to this child as	mother: (a) At time of birth and ATTENDANT'S t I attended the birth of this chi ove, and that personal particulars  (Mother, etc.)  M.D.  Midwife	Business  I including this child. 7	Date  n the attendant does not so 25.  ne person whose name appe

(1937 Session Laws, Chapter 139, Section 4)



Bureau of the	of Commerce	(20 2020 0.00 2.20	CERTIFICATE STATE OF		THIS child) State File No. 34401.7.  Local Reg. No
1. PLACE OI  (a) Coun  (c) Stree  (d) Nam  (e) Moth	BIRTH (All it tyKooten t Address or R e of Hospital or 	ems at time of this bit ain (b) City	rth) 31.e	2. USUAL RESID  (a) StateI  (c) City  (d) Street Ac  (e) How long  3. RESIDENCE O	ence of Mother (At time of this birth)  daho(b) County. Kontenal
4. FULL NA OF CHILI	ME Otto	Craig			i. Date of Birth of Child (Month, day, year) Feb. 27, 189;
6. Sex Ma	7. T	'win or 'riplet	If so—born 1st, 2nd, 3rd	8. No.	months Pregnacy 9 9. Legitimate? Yes
11. Color or Race. 13. Birthpla	Thomas White ce Linn (City or tow on Ranch or	12. Age at time of THIS birth County	ign country)	17. Color or Race₩ 19. Birthplace	MOTHER OF CHILD  Mary Nevada Osborn  18. Age at time hite
23. Number	of children of	this mother: (a) At t	ime of birth and	including this chil	d6 (b) Born alive and now living5
and at t	he place stated o this child as		onal particulars	(Born al	y. Bertha Ann Ryan , who i
OWN sig	nature		Midwife	Address	Date
		}ss.			ompleted when the attendant does not sign in Item 25.
in Item 4, al	ove, that I am	now58 y	ears of age, tha	(Mother, etc.) t I have known th	of the person whose name appear is person for 51 years, and tha deceased I further state tha
First nam the facts on	e)	(Last name) above are true to the	e best of my kn	Is now decea owledge, and that	sed) or (Cannot be located) I desire to have this birth recorded unde:
Subscrib	ped and sworn	to before the this	tthday of	May	daho Signatur daho P.O. Addres 1942 blic, residing at Sandpoint, Ida.
	AT.)	MANUTATION AND A SECOND AND A SECOND AND A SECOND ASSECTION AS A SECOND ASSECTION AS A SECOND AS A SECOND AS A	/ ^4≦∑ s <sub>aco</sub> ,	Notary Pu	blic residing at Sandhoint. Ida.
e (Se		shable as a felony in I	daho; see Sec. 1	7-914. Idano Code	Annotated.)

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	United States Department of Commerce Bureau of the Census	(Be sure the information	is as of date of birth of TI FICATE OF BIRTH TE OF IDAHO	State File No. 34405.0
19 this certificate. Mail COMPLETED certificate in ite, Idaho, for filing. No charge for filing. Each n.	(e) Mother's stay BEFORE d. IN THIS county 3  4. FULL NAME OF CHILD FORM Tripl  6. Sex Famal FATHER C. 10. FULL NAME William	(State Line (State Land)	(a) State	18. Age at time of THIS birth 22yrs.
E SE		nrevent Onhthalmia Neon		
rics r				
in cratis			ANT'S CERTIFICATE	
ad S			(Pown alive	at
iter ribling of Vit		(Mother, etc.)		(First name) (Last name) who is
¥ 5 5	25. Attendant's OWN signature		i.D. lidwife Address	Date
ord ty	State of County	}ss.	AFFIDAVIT to be con	npleted when the attendant does not sign in Item 25.
BLACK Recostage to Stage to St		$\sqrt{73}$ years of	(Mother, etc.)  age, that I have known this  led this birth	person for 50 years, and that decaded I further state that
K Ink or CLASS po	Chapter 139, 1937 Session Law	s		desire to have this birth recorded under
y BLAC FIRST		Juny M	day of ANN Multiplication Publ	ic, residing at Taylanu Punk
ring y re		ble as a felony in Idaho; se	e Sec. 17-914, Idaho Code A	mnotated.)
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Received for filing on MA	(6 1942	by by	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	United States Department of Commerce Bureau of the Census	(Be sure the information is as of CERTIFICATE STATE OF	OF BIRTH IDAHO	State File No
COMPLETED certificate in to charge for filing. Each	(d) Name of Hospital or Mat  (e) Mother's stay BEFORE del  IN THIS county 3 ye	(b) City Borse CULY No. has lined in the ernity Home: livery: ars months days	(c) City	(b) County Adel  O. No. Keulroad Defot lived in Idaho? # yrs.  y, state) Boose Sadialio
COMP No cha	6. Sex Triplet		8. No. months of Pregnacy	9. Legitimate? YC.
iter ribbon in completing this certificate. Mail of Vital Statistics, Boise, Idaho, for filing. Its, money order or coin.	or Race (City or town)  13. Birthplace (City or town)  14. Exact (City or town)  15. Industry or Business  22. Name prophylactic used to p  23. Number of children of this r  24. I HEREBY CERTIFY That  and at the place stated aborelated to this child as	Clengel  Age at time of THIS birth	or Race City or town  20. Exact Occupation 21. Industry or Business  including this chird. J.WO (b) B  CERTIFICATE d, who was Journalive, stillborn)	18. Age at time a v yrs.  of THIS birth a v yrs.  (State or foreign country)  emfe.  orn alive and now living.
ord typewrate Sate Bureau of fifty cer	25. Attendant's  OWN signature  State of		Address  FFIDAVIT to be completed when in Item	25.
Use only BLACK Ink or BLACK Recbearing FIRST-CLASS postage to St copy requires an advance payment o	in Item 4, above, that I am now.  (First name) the facts on the certificate above Chapter 139, 1937 Session Laws.  Subscribed and sworn to be (SEAL) (Note: Perjury is punishable)	Whan 80	t I have known this person for birth Solice and consider of the list of the li	years, and that  I further state that located) ave this birth recorded under  J. L. L. Signature  D. L. C. P. O. Address

SEP 1 0 1942

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	962/)) 2044/155 United States (Be sure the information is as of Department of Commerce Bureau of the Census STATE Of	E OF BIRTH	State File No. 344144 Local Reg. No. Reg. Dist. No.
certificate in filing. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) County	(c) CitySalubria (d) Street Address or R.F.I	HER (At time of this birth) (b) County Washington  D. No
ETED ge for	IN THIS county years months days	3. RESIDENCE OF FATHER (city	y, state)
COMPLETED No charge for	7. Twin or If so—born 6. Sex male Triplet — 1st, 2nd, 3rd	(Month, day 8. No. months	y, year) Dec. 12, 1891
K Ink or BLACK Record typewriter ribbon in completing this certificate. Mail CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. In advance payment of fifty cents, money order or coin.	I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now	or Race White  19. Birthplace Omaha, Neb  20. Exact Occupation housewis  21. Industry or Business  d including this childone (b) B  CERTIFICATE  ild, who was born alive at (Born alive, stillborn)  s were furnished by (First name)  Address Occupation (First name)  ant (Mother, etc.)  at I have known this person for shirth Cis now deceased) or (Cannot be	aret Jensen  18. Age at time of THIS birth 25 yrs.  raska  (State or foreign country)  e  orn alive and now living 1
only BLA ng FIRS requires	Subscribed and sworn to before me this day of  (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec	May Notary Public, residing a 17-914, Idaho Code Amnotated.	n Caldwell Idalis
Use c bearin	Received for filing on MAY 9 1942		, Registrar

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	415 207 028 455 United States (Be sure the information is as of Department of Commerce CERTIFICATE Bureau of the Census STATE OF	OF BIRTH Local Reg. No
FED cortificate in e for filing. Each o	1. PLACE OF BIRTH (All items at time of this birth)  (a) CountyKQQtenai (b) City	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State
COMPLEI 40 charge	4. FULL NAME OF CHILD Winnie Pearl Manning 7. Twin or 1 So-born 1 St, 2nd, 3rd	5. Date of Birth of Child (Month, day, year) Apr. 7, 1891
completing this certificate. Mail COMPLETED certificate in istics, Boise, Idaho, for filing. No charge for filing. Each er or coin.	10. FULL NAME James Alfred Manning 11. Color white 12. Age at time or Race Will Town, Maine 13. Birthplace Cid Town, Maine 14. Exact Occupation Farmer 15. Industry or Business Farming 22. Name prophylactic used to prevent Ophthalmia Neonatorum.	
on in com Il Statistic sy order o	23. Number of children of this mother: (a) At time of birth and ATTENDANT'S 24. I HEREBY CERTIFY That I attended the birth of this chi	CERTIFICATE
ewriter ribbreau of Vita		were furnished by, who is  (First name) (Last name)
or BLACK Record type postage to State Buse of Fifty	State of Washington ss.	s birthisnowdeceased I further state that (Is now deceased) or (Cannot be located)
se only BLACK ink cearing FIRST-CLASS	Subscribed and sworn to before me this4thday of. (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 1	Signature Sllis St. Bellingham, Was P. O. Address  May , 19 42  Notary Public, residing at Bellingham.  17-914, Idaho Code Annotated.)
ە م	Received for filing on	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

49/250/6 United States Department of Com Bureau of the Cens	merce (Be sure	the information is as of de CERTIFICATE OF STATE OF II	BIRTH	State File No
(a) County	(All items at time of the control of	Ochley	(a) State Hofe (c) City Call (d) Street Address or R	ey Dil &
IN THIS cou	y BEFORE delivery: hty years	months days 3.	RESIDENCE OF FATHER	(city, state)
of CHILD	/	Martindale	(Month,	Birth of Child April 25=18
6. Sex <i>M</i> .	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy	9 9. Legitimate?
10. FULL along 11. Color	FATHER OF CHILD  A DE L'ARTE MAN	time 17		ER OF CHILD fretasle  18. Age at time
or Race	of THIS	birthyrs.	or Race	of THIS birth. 2yr
	0	e or foreign country	Exact Occupation	(n) -{State or foreign country)
Business	-		Business	V
23. Number of child	iren of this mother: (a	ATTENDANT'S CER		) Born alive and now living.
24. I HEREBY CE	RTIFY That I attended		<del>-</del>	atM. on the da
and at the plac related to this c	hild as	· · · · · · · · · · · · · · ·	re furnished by(First n	name) (Last name), who
25. Attendant's OWN signature	(Mother	m.D.	.ddress	Date
State of County of	taleo }		DAVIT to be completed v	when the attendant does not sig
		orn, say that I am the	ann	of the person whose name appear
in Item 4, above, th	at I am now 20	years of age, that I	(Mother, etc.) have known this person i	foryears, and the
(Pirst name)	- ·	who attended this bir	th	I further state the
	clisicate above are true	to the best of my knowl	edge, and I desire t	to have this birth recorded und
My cor Electric			Cafily o	GANGLA Signatu AAND, P.O. Addre
	sworn to be ere me	is M day of	and	10 4
	" "Gail		Notary Public residir	ne at Cille M
Subscribed (SEAL) (Note: Perjud	Gacc		Notary Public, residir 4, Idaho Code Annotated	

(1937 Session Laws, Chapter 139, Section 4)

United Stat Department Bureau of t	of Commerce	(Be sure the information is as of CERTIFICATE STATE OF		State File No
(a) Cour (c) Stree (d) Nam (e) Moti	et Address or R.F.D. ne of Hospital or Mate	(b) City Montpelier	(c) City	(b) CountyBearLake  91107  D. No
4. FULL NA	ME Agnes Gene	va Clark	5. Date of Birt	
	7. Twin o	r If so—born	8. No. months	9. Legitimate? <b>yes</b>
13. Birthpla	white 12.  ace (City or town)  tion firemen	Age at time of THIS birth29yrs.  Wiscensia	16. FULL MAIDEN NAME  17. Color or Race white  19. Birthplace (City or town)  20. Exact house	
Busines 22. Name p	rophylactic used to p		21. Industry or Business  I including this child. 2 (b) E	
Busines 22. Name p 23. Number 24. I HERF and at	orophylactic used to profession of children of this management of the profession of	other: (a) At time of birth and ATTENDANT'S I attended the birth of this chi e, and that personal particulars	Business  i including this child (b) E	Born alive and now living
Busines  22. Name p  23. Number  24. I HERF  and at related  25. Attends	rophylactic used to prophylactic used to prophylactic used to property of children of this means that the place stated above to this child as	other: (a) At time of birth and ATTENDANT'S I attended the birth of this chi e, and that personal particulars	Business  i including this child. 5 (b) E  CERTIFICATE  ld, who was	Born alive and now living
Busines  22. Name p  23. Number  24. I HERF  and at related  25. Attends  OWN si  State of  I, the u  in Item 4, a	rophylactic used to prophylactic used to prophylactic used to prophylactic used to prophylactic used to this matter the place stated above to this child as	ATTENDANT'S I attended the birth of this chi e, and that personal particulars  (Mother, etc.)  M.D.  Midwife  ss.  t duly sworn, say that I am the.  years of age, the	Business  i including this child (b) E  CERTIFICATE  Id, who was	Date on the attendant does not sign 25.  the person whose name appea
Busines  22. Name p  23. Number  24. I HERF  and at related  25. Attenda  OWN si  State of County of  I, the u  in Item 4, a  (First name the facts of Chapter 133  My Commissions  Subscript  Subscript  23. Number  24. I HERF  and at related  OWN si  State of  County of  I, the u  in Item 4, a  (First name the facts of Chapter 133  My Commissions  Subscript  Subscript	rophylactic used to prophylactic used to this child as to this child as the control of the control of the certificate above, that I am now the certificate above, that I am now the certificate above, 1937 Session Laws.  This is a curicular to the certificate above, 1937 Session Laws.	ATTENDANT'S I attended the birth of this chi e, and that personal particulars  (Mother, etc.)  M.D.  Midwife  ss.  t duly sworn, say that I am the years of age, the are true to the best of my kr  (Iast name) e are true to the best of my kr  944  ore me this 5th and day of	Business  i including this child (b) E  CERTIFICATE  Id, who was	Date  In the attendant does not sign 25.  The person whose name appear to be located be attended to be located be attended to be located by located be located by located be located by loc

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce	CERTIFICAT	E OF BIRTH	State File No. 2211. Local Reg. No.
Bureau of the Census	STATE O	F IDAHO	Reg. Dist. No
(a) County	(b) City Balal	(c) City Boise	THER (At time of this birth) (b) County
(e) Mother's stay BEFORE deliv	ery:	(e) How long has MOTHE	R lived in Idaho? #0
IN THIS county year	rs months days	3. RESIDENCE OF FATHER (ci	
4. FULL NAME Daisy Be	lle Smith		th of Child y, year) April 5 189
6. Sex Female 7. Twin or Triplet	If so—born 1st, 2nd, 3rd		9. Legitimate?
10. FULL William Book 11. Color 2.1. 4 12.	7	16. FULL MAIDEN NAME Exa Elizabeth	of CHILD  Shawrer Smith  18. Age at time
or Race White  13. Birthplace Md Landance (City or town)	of THIS birth of vrs.	or Race Allite  19. Birthplace America Co	of THIS birth./9
14. Exact Occupation  15. Industry or		20. Exact (City or town) Occupation (City or town) 21. Industry or	(State or foreign country)
Business		Business	
22. Name prophylactic used to pro-	- · · · · · · · · · · · · · · · · · · ·		
23. Number of children of this me	other: (a) At time of birth an		
The state of the s			Born alive and now living
24. I HEREBY CERTIFY That I	ATTENDANT'S	CERTIFICATE	
24. I HEREBY CERTIFY That I and at the place stated above related to this child as	ATTENDANT'S  [ attended the birth of this ch  e, and that personal particular  (Mother, etc.)	CERTIFICATE	M. on the d
24. I HEREBY CERTIFY That I and at the place stated above related to this child as	ATTENDANT'S  I attended the birth of this ch  a, and that personal particular  (Mother, etc.)  M.D.  Midwife	ild, who wasat. (Born alive, stillborn) s were furnished by(First name	M. on the d
24. I HEREBY CERTIFY That I and at the place stated above related to this child as	ATTENDANT'S  ( attended the birth of this che, and that personal particular (Mother, etc.)  M.D. Midwife	ild, who wasat. (Born alive, stillborn) s were furnished by(First name	Date  Date  continuous description of the descripti
24. I HEREBY CERTIFY That I and at the place stated above related to this child as	ATTENDANT'S I attended the birth of this che, and that personal particular (Mother, etc.)  M.D. Midwife  ss. duly sworn, say that I am the years of age, th	c CERTIFICATE  dild, who wasata	Date en the attendant does not so n 25. the person whose name appe
and at the place stated above related to this child as	ATTENDANT'S I attended the birth of this che, and that personal particular (Mother, etc.)  M.D. Midwife  Ss.  duly sworn, say that I am the years of age, the years of age, the last name) are true to the best of my k	c CERTIFICATE  dild, who wasat	Date  Date  m the attendant does not so the person whose name appears, and to be located)  have this birth recorded un
and at the place stated above related to this child as	ATTENDANT'S I attended the birth of this che, and that personal particular  (Mother, etc.)  M.D.  Midwife  Ss.  duly sworn, say that I am the  years of age, the  Last name)  are true to the best of my k	illd, who was at (Born alive, stillborn) s were furnished by (First name) a Address  AFFIDAVIT to be completed who in Item of (Mother, etc.) at I have known this person for shift (Is now deceased) or (Cannot nowledge, and that I desire to the complete to	Date  Date  In the attendant does not so the person whose name appears, and the located belocated that the located belocated the person who were the located belocated belocated belocated.  Signat Laurula P. O. Addr
and at the place stated above related to this child as	ATTENDANT'S I attended the birth of this che, and that personal particular (Mother, etc.)  M.D. Midwife  ss.  duly sworn, say that I am the years of age, the years of age, the last name) are true to the best of my keep the years of age of the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the last name are true to the best of my keep the years of age, the years	c CERTIFICATE  dild, who wasat	Date en the attendant does not so not

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sure the information is as Department of Commerce CERTIFICATE OF STATE OF CERTIFICATE OF CERT	- <del> </del>	State File No. 34448( Local Reg. No. Reg. Dist. No.
1. PLACE OF BIRTH (All items at time of this birth)  (a) County (b) City (c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MOT  (a) State Control (c) City Control (d) Street Address or R.F.I	HER (At time of this birth) (b) County TULLMON  D. No
(e) Mother's stay BEFORE delivery: IN THIS county years / months// days/6		y, state) Leton Jo
4. FULL NAME 7 EVY Riggs 6. Sex Male 7. Twin on 1. If so—born 1. 1. 2nd, 3rd	(Month, day	h of Child October 2/ y, year)18.9.1
10. FULL ROYAL RAGAN  11. Color 12. Age at time or Race of THIS birth yrs.  13. Birthplace (City or town) (State or foreign country)  14. Exact Occupation ANNEL State or foreign country)  15. Industry or Business	16. FULL MAIDEN GANLA	18. Age at time of THIS birth 3.2 yr
22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth an  ATTENDANT'S	d including this child	
24. I HEREBY CERTIFY That I attended the birth of this ch  and at the place stated above, and that personal particular related to this child as	s were furnished by(First name	who
State of County of Ss.  I, the undersigned, being first duly sworn, say that I am the in them 4, above, that I am now years of age, the (Firsyname) (Last name) the facts on the certificate above are true to the best of my k Chapter 139, 1937 Session Laws.	AFFIDAVIT to be completed when in Item  (Mother, etc.) at I have known this person forms birth.  (Is now deceased) or (Cannot be nowledge, and that I desire to have been been been been been been been be	n the attendant does not sin 25.  the person whose name appearment of the person whose name appears, and the person whose name appears, and the person whose name appears are person whose name appears and the person whose name appears are person whose name appears and the person whose name appears are person whose name appears and the person whose name appears are person whose name are pe
Received for filing on MAY 12 1942	Wals I That	Registr

(1937 Session Laws, Chapter 139, Section 4)

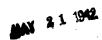
IN THIS county 3 years months days 3. RESIDENCE OF FATHER (city, state) Tocho  4. FULL NAME OF CHILD SCAR SCAR SCAR STATEMENT (Month, day, year) 6. Sex March Triplet 1st, 2nd, 3rd of Pregnacy 9. Legitimate?  6. Sex March Triplet 1st, 2nd, 3rd MOTHER OF CHILD MOTHER OF CHILD	957/// 603 867 United States Department of Commerce Bureau of the Census	(Be sure the information is as of date  CERTIFICATE OF I  STATE OF IDA	BIRTH	State File No. 344589 Local Reg. No. Reg. Dist. No.
13. Birthplace (City or town) (State or foreign country) 14. Exact (City or town) (State or foreign country) 15. Industry or Business 16. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. 2  17. ATTENDANT'S CERTIFICATE  28. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  18. Birthplace. (City or town) (State or foreign country)  29. Exact (City or town) (State or foreign country)  20. Exact (City or town) (State or foreign country)  20. Exact (City or town) (State or foreign country)  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. (2)  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  25. Attendant's (Mother, etc.)  26. Attendant's Date  27. Attendant's (Mother, etc.) (Mother, e	(a) County A. N. M. C. (c) Street Address or R.F.D. (d) Name of Hospital or Mat  (e) Mother's stay BEFORE deliging THIS county 3 years  4. FULL NAME OF CHILD 7. Twin of Triplet  FATHER OF  10. FULL NAME ARS 11. Color 12	(b) City. P. S. C. A. L. L. Q. No	(a) State T 2 h h G (c) City A G G G (d) Street Address or R.F.I (e) How long has MOTHER (city  5. Date of Birth  (Month, day  8. No. months of Pregnacy  MOTHER (FULL MAIDEN  NAME A N 779  Color	(b) County Bannoy  O. No.  lived in Idaho? yrr  y, state) Total o  of Child  y, year) / 11 / 18 9    9. Legitimate?  OF CHILD  Lagrange ANSON  18. Age at time
ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who wasat	13. Birthplace (City or town)  14. Exact Occupation 15. Industry or	(State or foreign country) 20.	Birthplace(City or town)  Exact Occupation	a Suradum
and at the place stated above, and that personal particulars were furnished by	23. Number of children of this n	nother: (a) At time of birth and inclu	ding this child2 (b) B	orn alive and now living
State of	and at the place stated above related to this child as	re, and that personal particulars were  (Mother, etc.)  M.D.	furnished by(First name)	(Last name)
Subscribed and sworn to be the rie this day of day	State of talaha		AVIT to be completed when	the attendant does not sign

(1937 Session Laws, Chapter 139, Section 4)

Bureau of the Census	CERTIFICATE OF BIRTH STATE OF IDAHO	THIS child) State File No
(a) County (All items at (a) County (All items	(b) City Showe	DENCE OF MOTHER (At time of this birth)  Add to the County AITWY 18  Show your County AITWY 18  Address or R.F.D. No
4. FULL NAME Walter	us monus days ; 3. RESIDENCE	5. Date of Birth of Child (Month, day, year) Oct 30-189
6. Sex Male Triplet	r If so—born 8. No	(Month, day, year) 20-194. months Pregnacy wide 9. Legitimate? 4es
* ** *** ******************************	Age at time of THIS birth yrs.  (State or foreign country)  (State or foreign country)  72 (	(City or town) (State or foreign country)  House-wife,
23. Number of children of this m 24. I HEREBY CERTIFY That	nother: (a) At time of birth and including this chartendant's CERTIFICATE  I attended the birth of this child, who was  (Born e, and that personal particulars were furnished by	at
related to this child as	(Mother, etc.)  M.D.  Midwife Address	(First name) (Last name)  Date
State of IdaMo County of LINCOLN	AFFIDAVIT to be	completed when the attendant does not sign in Item 25.
I, the undersigned, being first in Item 4, above, that I am now	t duly sworn, say that I am the (Mother et	of the person whose name appears, and the cased) or (Cannot be located)
the facts on the certificate above Chapter 139, 1937 Session Laws.	Cligaber	Signatu Signatu P. O. Addre

(1937 Session Laws, Chapter 139, Section 4)

556.207.206.819			344940
United States (Be sure the	e information is as of date	of birth of THIS child	
Department of Commerce	CERTIFICATE OF B		Local Reg. No
Bureau of the Census	STATE OF IDA	HO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of th	is birth) 2. U	JSUAL RESIDENCE OF A	AOTHER (At time of this birth)
(a) County Bungshoush (b) City	.,	a) State Idalu	(b) County Burgh and
(c) Street Address or R.F.D. No	100 114 1	c) City	<i></i>
(d) Name of Hospital or Maternity Home			F.D. No. Right R1
(e) Mother's stay BEFORE delivery: IN THIS county 9 years 3 m	onths days 3. R	ESIDENCE OF FATHER	HER lived in Idaho?yr. (city, state)
4. FULL NAME Sarah Cabild	a	5. Date of I (Month,	Birth of Child July 1891
7. Twin or	If so-born	8. No. months	0 0
6. Sex dimake Triplet	1st, 2nd, 3rd	of Pregnacy	9. Legitimate?
10. FULL / / FATHER OF CHILD	18	PRICE ANAIMPNE /	ER OF CHILD
NAME Lolm Henery he	wman	NAME FOSSIA	him Harmort
11. Color ( 12. Age at time)	me 9/ 17. (	Color of	18. Age at time
or Race Man of THIS 13. Birthplace Rose Susamul Ro		or Race White	illo dummit 60 Offa
(City or town) (State of	r foreign country)	(City or tow	n) (State or foreign country)
14. Exact Occupation Jamung	20.	Exact Home	eowork
15. Industry or		Industry or	
Business	<u>l : : : : : : : : : : : : : : : : : : :</u>	Business Sur	eng
22. Name prophylactic used to prevent Opht	halmia Neonatorum $\mathcal Q$	ngyrol	
23. Number of children of this mother: (a)	At time of birth and inclu	ding this child (b	) Born alive and now living $\mathcal{L}$
	ATTENDANT'S CERTI		
24. I HEREBY CERTIFY That I attended			at
		(Born alive, stillborn)	11.
and at the place stated above, and that	personal particulars were	furnished by	Marine) (Last name)
related to this child as		A (Buse n	iame) (Last name)
25. Attendant's	<b>M.D.</b>	J	D-4-
OWN signature		iress	Date
State of Sta	AFFIDA	VIT to be completed y	when the attendant does not sig
County of	•		Item 25.
I, the undersigned, being first duly swor	n, say that I am the	Marie	of the person whose name appea
in Item 4 above, that I am now	years of age, that I ha	(Mother, etc.) ive known this person i	for 50 years, and the
	, who attended this birth		Leceaced I further state th
(First name) (Last name)		(Is now deceased) or (Canr	iot be located)
the facts on the certificate above are true Chapter 139, 1937 Session Laws.	to the best of my knowled	ge, and that I desire t	to have this birth recorded und
Strapter 133, 1304 Bession Laws.		Josephi	no heury an Signatu
	- 1 PH	#P Prale	Alaka P. O. Addre
Subgarihad and ground to have me the	Joseph andread	May	
Subscribed and sworn to before me this	A THE A THOUGH		
(SRAL)		Notary Public, residir	
(Note: Perjuty is punishable as a felon	\_		·
Received for filing of AY1.81942	by		, Registra
### TO 1342		I VENT SE	



(1937 Session Laws, Chapter 139, Section 4)



envelope certified	Department of Commerce CERTIFICAT	of date of birth of THIS child) State File No. 344943 Local Reg. No. Reg. Dist. Dist
filing. Each	1. PLACE OF BIRTH_(All items at time of this birth) (a) CountyLatah (b) CityMOSCOW (c) Street Address or R.F.D. NoNOT known (d) Name of Hospital or Maternity Home:	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State
e for	(e) Mother's stay BEFORE delivery: IN THIS county years months days	(e) How long has MOTHER lived in Idaho?yrs.  3. RESIDENCE OF FATHER (city, state) MOSCOW, Ida.
O Charg	4. FULL NAME OF CHILD. Gretchen Zumhof 6. Sex female 7. Twin or 1st. 2nd. 3rd	J 8. No. months
Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified to fifty cents, money order or coin.	FATHER OF CHILD  10. FULL William Ferdinand Zumhof  11. Color or Race of THIS birth J5 yrs.  13. Birthplace (City or town) (State or foreign country)  14. Exact Occupation Blackswith  15. Industry or Business Blackswith  22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth an ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chand at the place stated above, and that personal particular related to this child as (Mother, etc.)  25. Attendant's M.D.	MOTHER OF CHILD  16. FULL MAIDEN MMY COllins  17. Color 18. Age at time of Race of THIS birth 28 yrs.  19. Birthplace (City or town) (State or foreign country)  20. Exact Occupation Housewife  21. Industry or Business Housewife  ad including this child 4 (b) Born alive and now living 2 (Born alive, stillborn)  35. CERTIFICATE  at M. on the date (Born alive, stillborn)  36. Were furnished by (First name) (Last name)
Use only BLACK ink or BLACK Record type bearing FIRST-CLASS portage to State Bure copy requires an advance payment of fifty c	I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now years of age, the latter and the continuous of the facts on the certificate above are true to the best of my keep the same of the continuous of the latter and sworn to before me this 1923 have the latter and sworn to before me this 1923 have the latter and sworn to before me this 1923 have the latter and sworn to be some this 1923 have the latter and sworn to be some this 1923 have the latter and sworn to be some this 1923 have the latter and sworn to be some this 1923 have the latter and sworn to be some this 1923 have the latter and sworn to be some this 1923 have the latter and sworn the latter and	AFFIDAVIT to be completed when the attendant does not sign in Item 25.  Sister of the person whose name appears (Mother, etc.) at I her III of the person whose name appears at I have known this person for years, and that is birth is now deceased or (Cannot be located) I further state that (Is now deceased) or (Cannot be located) mowledge, and that I desire to have this birth recorded under the located when the person whose person whose name appears (Manual Property Public residing at 1942).  May in and 1942 Paso Co., Tex

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	United States Department of Commerce Bureau of the Census	•		State File No
ED certificate in for filing. Each	(c) Street Address or R.F.D. (d) Name of Hospital or Ma	(b) City Jalolly No. No.	(c) City OAKLE X (d) Street Address or R.F.I	(b) County CASS/A  No. /YONE lived in Idaho? // yrs.
COMPLETED No charge for	4. FULL NAME FREDERI	CK BURTON SH	5. Date of Birth (Month, day	<u> </u>
is certificate. Mail Idaho, for filing.	or Race	2. Age at time of THIS birth, 30 yrs.	17. Color or Race With  19. Birthplace CRANTS  (City or town)	18. Age at time 23 vrs.
completing thistics, Boise, Ist or coin.	15. Industry or Business FARM  22. Name prophylactic used to p	/ ∕∕ G- prevent Ophthalmia Neonatorum.	21. Industry or Business FARMIN	VG-
or ribbon in of Vital Stati	24. I HEREBY CERTIFY That and at the place stated aborelated to this child as	ve. and that personal particular	CERTIFICATE  ild, who wasatat	
ewrit- reau cents	25. Attendant's OWN signature	(Mother, etc.) M.D. Midwife	Address	Date
ord typ ate Bui if fifty	State of CALIFORNIA County of RIVERSIDE	······································	AFFIDAVIT to be completed when in Item	n the attendant does not sign 25.
ICK ink or BLACK Rec T-CLASS postage to St an advance payment o	in Item 4, above, that I am now SALES — (First hame) the facts on the certificate abore Chapter 139, 1937 Session Laws	years of age, the MINNIFE, who attended this (Last name) we are true to the best of my kind and the state of the best of the b	MOTHER of the Mother, etc.) at I have known this person for the shirth IS NOW DESCENCE (Is now deceased) or (Cannot be nowledge, and that I desire to he will be a supply of the shirth I am Samuel Language of the shirth and the shir	years, and that  years, and that
se only BLA saring FIRS' ppy requires		le as a felony in Idaho see Sec.	Notary Public, residing a 17-914, Idaho Code Annotated.)	hission Expires August 12, 1945.
2 ¥ €	Received for filing on MIMI		by Alay a ball	Registrar.

MAY 8 1 1042

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce CERTIFICATI Bureau of the Census STATE O		State File No Local Reg. No Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County. Franklin (b) City. Preston (c) Street Address or R.F.D. No	(c) CityPreston (d) Street Address or R.E (e) How long has MOTHE 3. RESIDENCE OF FATHER (c	C.D. No
7. Twin or If so—born		ay, year)6-23-1891
6. Sex Male Triplet 1st, 2nd, 3rd		9 9. Legitimate?
10. FULL Henry A. Meyer  11. Color or Race white of THIS birth 42 yrs.  13. Birthplace Henover Germany  (City or town) (State or foreign country)  14. Exact Occupation Saloon Keeper  15. Industry or Business Liquer	16. FULL MAIDEN NAME Rachel D  17. Color or Race White  19. Birthplace CAPGLE  (City or town)	18. Age at time of THIS birtim2
22. Name prophylactic used to prevent Ophthalmia Neonatorum		
23. Number of children of this mother: (a) At time of birth an	d including this child (b)	Born alive and now living
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this ch	ild, who wasat	M. on the c
and at the place stated above, and that personal particular related to this child as(Mother, etc.)	(Born alive, stillborn) s were furnished by(First nar	wh
and at the place stated above, and that personal particular related to this child as(Mother, etc.)  25. Attendant's M.D.	s were furnished by(First nar	wh
and at the place stated above, and that personal particular related to this child as	s were furnished by(First nar	Date  Date the attendant does not s
and at the place stated above, and that personal particular related to this child as	Address  AFFIDAVIT to be completed when in Ite  COUSIN Of (Mother, etc.) at I have known this person for shirth (Is now deceased) or (Cannot mowledge, and that I desire to	Date  Date  len the attendant does not som 25.  the person whose name apperall
and at the place stated above, and that personal particular related to this child as	Address  Address  AFFIDAVIT to be completed when in Ite (Mother, etc.) at I have known this person for (Is now deceased) or (Cannot nowledge, and that I desire to Malad, Idaho	Date  Date  len the attendant does not som 25.  the person whose name apperall. his lifes, and to be located) have this birth recorded un Signat
and at the place stated above, and that personal particular related to this child as	Address  Affidavit to be completed when in Ite (Mother, etc.) at I have known this person for (Is now deceased) or (Cannot nowledge, and that I desire to Malad, Idaha  May  Indian, Notary Public, residing	Date  Date  len the attendant does not som 25.  the person whose name apperall his lifes, and to be located) have this birth recorded un Signat P. O. Addition, 19.42.  at Malad. Idaho

JUN 12 1942.

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which shas occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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envelope	United States  Department of Commerce 1  Bureau of the Census  (Be sure the information is as of CERTIFICATE OF STATE OF	OF BIRTH Local Reg. No
certificate in filing. Each	1. PLACE OF BIRTH (All items at time of this birth)  (a) County Oneida (b) City Riverdale  (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State Idaho le (b) County One ida  (c) City Riverdale  (d) Street Address or R.F.D. No.
e for	(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days	(e) How long has MOTHER lived in Idaho? 12 yrs.  3. RESIDENCE OF FATHER (city, state) Riversale, Ida
COMPLE No charge	4. FULL NAME O'Rene Nelson  7. Twin or If so—born 6. Sex male Triplet 1st, 2nd, 3rd	8. No. months
ing this certificate. Mail COMPLETED oise, Idaho, for filing. No charge for in.	FATHER OF CHILD  10. FULL NAMETHOMAS WILLIAMSON Roland Nelson  11. Color or Race	MOTHER OF CHILD  16. FULL MAIDEN NAME Minnie Belle Spidell  17. Color or Race white 18. Age at time of THIS birth 22 yrs.  19. Birthplace Lowa  20. Exact (City or town) (State or foreign country) Coccupation housewife  21. Industry or Business housewife
bon in complet tal Statistics, B ney order or co	<ul> <li>Name prophylactic used to prevent Ophthalmia Neonatorum.</li> <li>Number of children of this mother: (a) At time of birth and ATTENDANT'S</li> <li>I HEREBY CERTIFY That I attended the birth of this children of this children</li></ul>	i including this child
ewriter ribles of Vit	and at the place stated above, and that personal particulars related to this child as	were furnished by, who is  (First name) (Last name)  Address Date
only BLACK ink or Bing FIRST-CLASS pos requires an advance	State of	AFFIDAVIT to be completed when the attendant does not sign in Item 25.  Mother of the person whose name appears (Mother, etc.) of the person whose name appears at I have known this person for years, and that birth now deceased or (Cannot be located) in I further state that (Is now deceased) or (Cannot be located) in the conded under which was a signature of the conded with the co
Use beari	Received for filing on MAY 21 1942	y, Registrar.

(1937 Session Laws, Chapter 139, Section 4)

D	epar	d States tment of u of the (		erce	(Be sure		ation is as CERTIFICAT STATE O	E OF BIRT	Ή	THIS chil	I	ocal Reg	e No z. No	4606
	(a) (c) (d)	County Street A Name of	B1x ddress Hospi	igham or R.F.D. tal or Mat None EFORE del	ernity Hor	Ida.Fa ne:	lls	(a) (c) (d) (e)	CityId Street Ad How long	laho F dress or l	(1 Alls R.F.D. :	o) Count  NoNO	y.Bing ne	nam 7 vrs
_		IN THIS	county	7 6 уе	ars1	months _	days	3. RESI	DENCE OF	FATHER	(city,	state) <u> </u>	da Fa	lls.Id
4.	OF	LL NAME CHILD	**********	EVA.	MAE TA	AYSOM	•••••		·•	. Date of (Month	, day,	year)	/4/18	91
6.	Sex	Fema	ı e	7. Twin of Triplet	_	I: 1	f so—born st, 2nd, 3rd		8. No. of I	months Pregnacy	9	9. Les	gitimate?	Yes
10	). FU	ILL AME	F.	ATHER OF CHAI	RLES JO	OHN TA	YSON	16. FUL	L MAIDE	MOTI	HER OF NA H	CHILD OLLEN	BECK	
	l. Co or 3. Bi	olor Race rthplace	Stal	ouls.	Age at t of THIS MO.				or RaceWX thplace		18. ry)	Age at of THI Indi		47 yrs
	i. In	kact ccupation dustry or usiness	F			=	• •	21. Ind	act supation ustry or siness				_	
									111000					
				used to p	revent Opl		Veonatorum		rmat.io					
				used to p	revent Opl	) At time	of birth an	d including	rmat.i.o					
23	B. Nu	umber of HEREBY	childre CERT	used to p	revent Ophnother: (a	At time AT the birth	of birth an TENDANT'S of this ch	d including CERTIFIC ild, who w	rmat.iog this child	d5 (	b) Born	n alive ar	nd now liv	ving4n the dat
23 24	an rel	HEREBY	childre CERT place s his chil	used to p n of this n IFY That tated above	revent Ophnother: (a	At time AT if the birthest personal	of birth an TENDANT'S n of this ch l particular	d including CERTIFIC ild, who w	rmat.iog this child	d5 (	b) Born	n alive ar	nd now liv	ving4n the dat
23 24	an rel	umber of HEREBY	childre CERT place s his chil	used to p n of this n IFY That tated above	revent Ophnother: (a  I attended  Te, and tha	At time AT if the birthest personal	of birth an TENDANT'S of this ch particular	d including CERTIFIC ild, who w s were fur	rmat.i.o g this child ATE as(Born all rnished by	d5 (	b) Born	n alive ar	nd now li	ving4n the dat
23 24 25	an rel  At Ov	HEREBY  ad at the lated to the tendant's WN signal of	childre CERT place s his child ture dah o	used to p n of this n IFY That tated above it as	revent Opl nother: (a  I attended re, and tha  (Mother	At time AT if the birth at persona c, etc.)	of birth an TENDANT'S n of this ch l particular M.D. Midwife	d including CERTIFIC ild, who w s were fur Addres AFFIDAVIT	cmat.i.o.  g this child  ATE  as	d 5 (ve, stillborn (First ompleted in	name) when it	(La Dz the atten	nd now liver me and now	n the dat, who is
23 24 25 — Si Co	an rel  Attended to the count;  I,  Item	HEREBY  and at the lated to ti ttendant's  WN signal  of B  the under  m 4, above  lirst name)	childre CERT place s his child ture daho conne rsigned e, that	used to p n of this n IFY That tated above it as	revent Oplanother: (a  I attended te, and that (Mother te)  St duly swo	At time AT if the birth at persona c, etc.)  ss.  orn, say thyear, who a	of birth an TENDANT'S n of this ch l particular M.D. Midwife at I am the s of age, th	d including CERTIFIC ild, who w s were fur Addres AFFIDAVII at I have s birth	this children at the control of the	d5 (  ve, stillborn  (First  ompleted in  ter	when ( Item 2 of the for	Dathe attents.  person w	st name) ate dant doe whose nanyears	n the dat, who is s not sig ne appear i, and tha state tha
23 24 25	an rel an rel at a an rel at a an	HEREBY  ad at the lated to the tendant's wn signar of	childre CERT place s his child ture daho Onne rsigned e, that Mit e certif	used to p n of this n IFY That tated above it as	revent Oplanother: (a  I attended to the control of	At time AT if the birth at persona c, etc.)  ss.  orn, say thyear, who a	of birth an TENDANT'S n of this ch l particular M.D. Midwife at I am the s of age, th ttended thi est of my k	d including CERTIFIC ild, who w s were fur Addres AFFIDAVII at I have s birth	cmat.io g this child ATE as (Born all cnished by s f to be co linesis known th is n and that	we, stillborn  (First  completed in ter	when in the form of the form to have	n alive an  (La  Dz  the atten  5.  person w  68.  ed.  cated)  e this bi	st name)  ate dant doe whose namyears I further rth recor	n the dat, who i s not sig ne appear s, and tha state tha ded unde
23 24 25	an rel an rel 5. At OV	umber of HEREBY ad at the lated to ti ttendant's WN signa of	childre CERT place s his child ture daho Onne rsigned e, that Mit acceptification 37 Session and sy	used to pour of this not the stated above a second	revent Oplanother: (a  I attended te, and that (Mother te) at duly swo (Last name) to are true	At time  AT  I the birth  At persona  T, etc.)  BS.  Drn, say th  year  who a  to the be	of birth an TENDANT'S n of this ch l particular M.D. Midwife at I am the s of age, th ttended thi st of my k	d including CERTIFIC ild, who w s were fur Addres AFFIDAVII  at I have s birth nowledge, if ie.	rmat.io g this chile ATE as (Born ali rnished by s f to be co known th is now decear and that	we, stillborn  (First  Ompleted in ter is person  OW de ied) or (Car I desire)	when the form to have	Dathe attents.  person w 68. ed	st name)  ate dant doe whose namyears I further rth recor	n the dat, who is s not sig ne appear s, and the state the ded unde
23 24 25	an rei an rei Attate ount; I, Iter (F)	umber of HEREBY ad at the lated to ti ttendant's WN signa of	childre CERT place s his child ture daho Onne rsigned e, that Mit acceptification 37 Session and sy	used to p n of this n IFY That tated above i as Wille being firs I am now. Che li icate above ion Laws. pumishabl	I attended  e, and tha  (Mother  st duly swo  (Last name) e are true	At time  AT  I the birth  At persona  T, etc.)  BS.  Drn, say th  year  who a  to the be  is.  The birth  at persona  The birth  at persona  The birth  at persona  The birth  T	of birth an TENDANT'S n of this ch l particular M.D. Midwife at I am the s of age, th ttended thi st of my k	d including CERTIFIC ild, who w s were fur Addres AFFIDAVII at I have s birth nowledge, lirie.	cmat.iog this children as (Born all mished by second and that and that Idaho.	we, stillborn  (First  Ompleted in ter is person OW deleted) or (Car I desire)  Max resid	when in Item 2 of the for to have	Dathe attents.  person w 68. ed	st name)  ate dant doe whose namyears I further rth recor	n the date of the date of the state that ded under Signatur O. Address

(1937 Session Laws, Chapter 139, Section 4)

United States Department of Commerce Bureau of the Census	(Be sure the information is as CERTIFICAT	of date of birth of THIS child) E OF BIRTH OF IDAHO	State File No
	(b) City Cocur dak ne	(a) State <i>Aah.O</i> (c) City	THER (At time of this birth)  (b) County 200 & na. 1
(e) Mother's stay BEFORE del IN THIS county ye	livery: ears months days	(e) How long has MOTH 3. RESIDENCE OF FATHER (	ER lived in Idaho?yrs. city, state) Same
4. FULL NAME OF CHILD. O. A. T. Twin	or old mccan	5. Date of B (Month, of 8. No. months	lay, year wing 2.0, 189.
6. Sex (1) e Triple	······································	,	9. Legitimate?
10. FULL NAME 11. Color 11	Cammonon  2. Age at time of THIS birth 32yrs.	16. FULL MAIDEN NAME VAY 15  17. Color or Race White	aton England
Occupation	enter	Occupation 7045 21. Industry or Business	ezujte
	prevent Ophthalmia Neonatorum	,	
23. Number of children of this	mother: (a) At time of birth an	ad including this child $3$ (b)	Born alive and now living.
		CERTIFICATE	
24. I HEREBY CERTIFY That	I attended the birth of this ch	uild, who was	tM. on the date
related to this child as	ve, and that personal particular	First na	me) (Last name) who is
25. Attendant's	(Mother, etc.) M.D.		
OWN signature	Midwife		Date
		APPIDAVIT to be completed w	la san Alla a A
State of Wash County of		in It	hen the attendant does not sign em 25.
T the undersigned being fir	st duly sworn say that I am the	Sixter in It	em 25.
I, the undersigned, being fir in Item 4, above, that I am now	st duly sworn, say that I am the	in It	em 25.  I the person whose name appears  Source Lucy  years, and that
I, the undersigned, being fir in Item 4, above, that I am now	st duly sworn, say that I am the	in It	em 25.  I the person whose name appears  Source Lucy  years, and that
I, the undersigned, being fir in Item 4, above, that I am now (First name)	st duly sworn, say that I am the years of age, th (Last name)  ve are true to the best of my k	(Mother, etc.) nat I have known this person for is birth	the person whose name appears whose name appears years, and that labeled. I further state that the located have this birth recorded under
I, the undersigned, being fir in Item 4, above, that I am now (First name) the facts on the certificate above	st duly sworn, say that I am the years of age, th (Last name)  ve are true to the best of my k	in It (Mother, etc.)  (Is now decased) or (Canno the Canno the C	em 25.  I the person whose name appears from the years, and that located. I further state that the located) have this birth recorded under the signature signature.
I, the undersigned, being fir in Item 4, above, that I am now (First name) the facts on the certificate above.	st duly sworn, say that I am the years of age, the sword which we are true to the best of my key.	in It (Mother, etc.) (Mother, etc.) (Mat I have known this person for its birth	the person whose name appears whose name appears years, and that labeled. I further state that the located have this birth recorded under
I, the undersigned, being fir in Item 4, above, that I am now (First name) the facts on the certificate above Chapter 139, 1937 Session Laws  Subscribed and sworn to be (SEAL)	st duly sworn, say that I am the years of age, th who attended this (Last name) we are true to the best of my ke day of the control of the co	in It (Mother, etc.) (Mother, etc.) (Mat I have known this person for its birth	the person whose name appears  the person whose name appears  where the person whose name appears  from whose name appear
I, the undersigned, being fir in Item 4, above, that I am now (First name) the facts on the certificate above Chapter 139, 1937 Session Laws Subscribed and sworn to be (SEAL)	st duly sworn, say that I am the years of age, th (Last name) we are true to the best of my k efore me this	in It (Mother, etc.) (Mother, etc.) (Mat I have known this person for its birth	the person whose name appears  the person whose name appears  where the person whose name appears  from whose name appear

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses

record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

	263-11810 29-438		346378
<u>8 8</u>		information is as of date of birth of THIS child)	State File No
4 4	Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No
£ 5	Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
certificate. Mail COMPLETED certificate in en aho, for filing. Rach ce	1. PLACE OF BIRTH (All items at time of this (a) County A.A.M. (b) City Q. (c) Street Address or R.F.D. No./A.M. (d) Name of Hospital or Maternity Home:  A. FULL NAME (B. M.	2. USUAL RESIDENCE OF MOT  (a) State Id A h D  (c) City MAIL ST  (d) Street Address or R.F.I  (e) How long has MOTHER  (ii) Street Address or R.F.I  (e) How long has MOTHER  (iii) Street Address or R.F.I  (iv) A h D  (iv) Other  (iv)	her (At time of this birth) (b) County A TALL  O. No
ing this doise, Ida	14. Exact Occupation LUNI BERM # 15. Industry or Business OWN BUSIN	20. Exact Occupation # 5 U. S. 21. Industry or Business	RNIFE
	22. Name prophylactic used to prevent Ophtha	almia Neonatorum NOT IINOWN	
<u>₹</u> .5		t time of birth and including this child (b) B	
~ # <del>9</del>		ATTENDANT'S CERTIFICATE	LIVING
- 35 p	94 I HEDDDY OFFITTY That I attended th	te birth of this child, who wasat	
Z Z Ş	24. I HEREBI CERTIFI Hat I attended the	(Born alive, stillborn)	
fer riblof vir biller, mor	related to this child as	(First name	Francas DeBolt, who is
	25. Attendant's OWN signature	M.D. Midwife Address	Date
4 64			
State of fif	State of Sparate ss.  I, the undersigned, being first duly sworn,	AFFIDAVIT to be completed when in Item  Southet Long the MoTher of the	
2 t m		(Mother, etc.)	ر تبدا
A 8 2		years of age, that I have known this person for.	• •
St.	(First name) (Last name)	who attended this birth (Is now deceased) or (Cannot be	located)
ik or ISS pr fyanc	the facts on the certificate above are true to Chapter 139, 1937 Session Laws.	the best of my knowledge, and that I desire to h	ave this birth recorded under
T-CK T-CL A		and day of	Signature A.N. P. O. Address
Z S S	Subscribed and sworn to before me this		, 19 LUAS h
¥. ±	(SEAL)	Notary Public, residing a	Spokare
ing in	(Note: Perjury is punishable as a felony	h Idaho; see Sec. 17-91, Idaho Code Arnotated.)	
Use bear copy	Received for filing on MAY 20 1942	by Mrs. Life Lagran	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

•	partment of Commerce reau of the Census	. (	STATE OF		Local Reg. NoReg. Dist. No
() () ()	(a) County Lack. (c) Street Address or R (d) Name of Hospital of (e) Mother's stay BEFOR IN THIS county	-	Maskug	(d) Street Address or R.F.I (e) How long has MOTHER 3. RESIDENCE OF FATHER (cit	(b) County Latth  D. No Comuna + Mask lived in Idaho?  y, state) Moslow Male h of Childx
	7. T	win or I	f s—born st, 2nd, 3rd	8. No. months of Pregnacy	9. Legitimate?
11. 13. 14.	FULL' NAME John JE Color or Race Watte Birthplace CCity or tow Exact Occupation Industry or	12. Age aftime of THIS birth.	yrs.	16. FULL MAIDEN Ella)	18. Age at time of THIS birth
ō		rehaut	<u> </u>	Business	
$\frac{3}{2}$	Name prophylactic used	to prevent Ophthalmia I	Veonatorum	Business neluding this child 2 (b) B	orn alive and now living
22. 23.	Name prophylactic used Number of children of	to prevent Ophthalmia I this mother: (a) At time	Veonatorum of birth and in TENDANT'S C	ncluding this child 2 (b) B	orn alive and now living.
22. 23. 23. 24.	Name prophylactic used Number of children of I HEREBY CERTIFY and at the place stated	to prevent Ophthalmia I this mother: (a) At time AT That I attended the birth	Veonatorum of birth and it TENDANT'S C it of this child	Business ncluding this child (b) B	orn alive and now living.  M. on the da
22. 23. 24. 25. 25.	Name prophylactic used Number of children of I HEREBY CERTIFY and at the place stated related to this child as	to prevent Ophthalmia I this mother: (a) At time  AT That I attended the birth above, and that persona	Veonatorum of birth and it TENDANT'S C n of this child, l particulars v	ncluding this child (b) B  ERTIFICATE , who was	

(1937 Session Laws, Chapter 139, Section 4)

346514 3 86-116-004-814 United States (Be sure the information is as of date of birth of THIS child) State File No..... Department of Commerce Local Reg. No..... CERTIFICATE OF BIRTH STATE OF IDAHO Bureau of the Census Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County BEAR LAKE (b) City Blooming Ton (a) State I AAho (b) County BEAR LAKE (c) Street Address or R.F.D. No. (c) City BloomINGTON (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. RESIDENCE (e) How long has MOTHER lived in Idaho? 21 yrs. (e) Mother's stay BEFORE delivery: months IN THIS county 21 years davs 3. RESIDENCE OF FATHER (city, state) SAME 5. Date of Birth of Child (Month, day, year)...AUG. 16, 1891 4. FULL NAME LEO MILTON THOMAS OF CHILD..... 7. Twin or If so-born 8. No. months 6. Sex MAUE 9. Legitimate? YES Triplet 1st. 2nd. 3rd of Pregnacy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN MARIA ELIZABETH HADOCK NAME JAMES CLAYDOURN HOMAS 12. Age at time 11. Color 17. Color 18. Age at time or Race While or Race While of THIS birth 22 vrs. of THIS birth 2. yrs. 19. Birthplace Blooming Ton, Idaho 13. Birthplace BloomINGTON, IdAho (State or foreign country) (City or town) (City or town) (State or foreign country) Occupation Schools Exact 20. Exact TEACHER HOUSE WIFE Occupation ..... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child...... (b) Born alive and now living....... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as....(Mother, etc.) 25. Attendant's M.D. Midwife OWN signature Address Date State of SALT WAKE Ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25. .....of the person whose name appears (Mother, etc.) in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth \_\_\_\_\_\_ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the tacts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Notary Public, residing at Jack (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Coda Annotated.) Received for filing on MAY 22 1942 by

(1937 Session Laws, Chapter 139, Section 4)

	652-131-029-713		346597
27	United States (Be sure the information is as	of date of birth of THIS child)	State File No
용별		E OF BIRTH	Local Reg. No
Ce a	Bureau of the Census STATE O	F IDAHO	Reg. Dist. No
ificate in 19. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) County Latan Aga, (b) City		HER (At time of this birth) (b) County Latala
T :	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.I	D. No
for t	(e) Mother's stay BEFORE delivery: IN THIS county years months days	(e) How long has MOTHER 3. RESIDENCE OF FATHER (city	lived in Idaho?yrs. y, state)
COMPLETED to charge for	4. FULL NAME Julius Carl Flassende	5. Date of Birt (Month, day	h of Child 1891, year) Lug 31 1891
8 2 2	6. Sex Male 7. Twin or If so—born 1st, 2nd, 3rd	of Pregnacy &	9. Legitimate? MS
e. Mail filing. N	10. FULL Julius Himm Hessendey	16. FULL MAIDEN	of child forming after
rtificat o, for	11. Color 12. Age at time of Race of THIS birth H.3. yrs.  13. Birthplace from for toreign country)	or Race 1990	
this ce , Idah	Occupation Jasuals	20. Exact Occupation	(State or foreign country)
ting Boise Join.	15. Industry or Business	21. Industry or Business	<u> </u>
e s z	22. Name prophylactic used to prevent Ophthalmia Neonatorum		
	23. Number of children of this mother: (a) At time of birth an	d including this child (b) B	orn alive and now living.
e tab		CERTIFICATE	
ital S	24. I HEREBY CERTIFY That I attended the birth of this ch	aild, who wasatat	M. on the date
ter rill of V	and at the place stated above, and that personal particular related to this child as(Mother, etc.)	rs were furnished by(First name	(Last name)
pewri ureau 7 cen		e Address	Date
ord ty tate B	County of LATEN	AFFIDAVIT to be completed when in Item	25.
K Recto	I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am nowyears of age, the	(Mother, etc.)	the person whose name appears
BLAC pstage payn	(First name) (Last name)	(Is now deceased) or (Cannot be	
ASS pod	the facts on the certificate above are true to the best of my k Chapter 139, 1937 Session Laws.	A 17 - A 1 - A -	ave this birth recorded under
A T T E		Garfield, Wash.	P. O. Address
FIRS Tuires	Subscribed and sworn to before me this 14 day of (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec.	- may	, 194.2.
ing ing	(Note: Perjury is punishable as a felony in Idaho; see Sec.	17-914 Idaho Code Annotated TY	PUBLIC residence December 10, 1945
Use bear copy	Received for filing on MAY 19 1942	Notary Public, residing a 17-914 Idaho Code Annotated RY by com	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

envelope - kified	296 - 122 - 306 - 86 United States Department of Commerce Bureau of the Census	(Be sure the information is as CERTIFICAT STATE O		State File No
ED certificate in for filing. Each	1. PLACE OF BIRTH (All items (a) County	D. No	2. USUAL RESIDENCE OF MOT  (a) State	D. No
COMPLETING Charge	4. FULL NAME OF CHILD		8. No. months	h of Child Aug. 22 783; y, year)
is certificate. Mail Idaho, for filing. I		of CHILD  Age at time of THIS birth 4.6yrs.  (State or foreign country)	16. FULL MAIDEN MARY	18. Age at time of THIS birth
pleting this s, Boise, 1d r coin.	Occupation	W(Alors Kaney)	Occupation21. Industry or Business	ewife
ET 5	23. Number of children of this	s mother: (a) At time of birth an	d including this child	
r ribbon in comp f Vital Statistics money order or	23. Number of children of this 24. I HEREBY CERTIFY Th and at the place stated at	at I attended the birth of this choove, and that personal particular	d including this child	
pewriter ribbon in com; ureau of Vital Statistics y cents, money order or	23. Number of children of this 24. I HEREBY CERTIFY Th and at the place stated at related to this child as 25. Attendant's OWN signature	at I attended the birth of this ch	d including this child	
Record typewriter ribbon in comi o State Bureau of Vital Statistic: nt of fifty cents, money order or	23. Number of children of this  24. I HEREBY CERTIFY Th  and at the place stated at related to this child as	at I attended the birth of this choove, and that personal particular (Mother, etc.)  M.D. Midwife	d including this child	Date  n the attendant does not sign a 25.  te person whose name appears
ICK Ink or BLACK Record typewriter ribbon in comi T-CLASS postage to State Bureau of Vital Statistics an advance payment of fifty cents, money order or	23. Number of children of this  24. I HEREBY CERTIFY The and at the place stated at related to this child as	at I attended the birth of this choove, and that personal particular  (Mother, etc.)  M.D.  Midwife  SS.  irst duly sworn, say that I am the  w	CERTIFICATE  ild, who was	Date  In the attendant does not sign a 25.  The person whose name appears years, and that the clocated ave this birth recorded under signature person whose name appears are that the clocated are this birth recorded under the clocated are the cl

(1937 Session Laws, Chapter 139, Section 4)

IN THIS county

Male

Department of Commerce

Bureau of the Census

United States

4. FULL NAME

NAME... 11. Color

15. Industry or

Business

25. Attendant's

**OWN** signature

6. Sex

10. FULL

14. Exact

1. PLACE OF BIRTH (All items at time of this birth)

(d) Name of Hospital or Maternity Home:

OF CHILD Guy Glenn Wilcox

Warren Wilcox

(City or town)

State of Iowa

County of Boone

Chapter 139, 1937 Session Laws.

(SEAL)

Received for filing on.....

(e) Mother's stay BEFORE delivery:

White

(a) County Washington(b) City Weiser

(c) Street Address or R.F.D. No.

vears

7. Twin or Triplet NO

**FATHER OF CHILD** 

or Race White of THIS birth 46 yrs.

13. Birthplace Madason County, New York

Occupation Farmer

related to this child as.....

12. Age at time

(Mother, etc.)

Mrs. Adams , who attended this birth is deceased

(Note: Perjury is punishable as a felony in Idaho; see Seo 17-914, Idaho Code Annotated.)

I, the undersigned, being first duly sworn, say that I am the.....

(Last name)

5 months

(State or foreign country)

(Be sure the information is as of date of birth of THIS child)

days

If so-born

1st, 2nd, 3rd

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by......, who is

in Item 4, above, that I am now..........years of age, that I have known this person for...........years, and that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under

Subscribed and sworn to before me this 22nd, day of May 1942.

M.D. Midwife

CERTIFICATE OF BIRTH

17. Color

20. Exact

Address

brother

(Mother, etc.)

25 1942 by Registrar.

21. Industry or

Business

STATE OF IDAHO

346622

State File No.....

Local Reg. No.

Reg. Dist. No.....

9. Legitimate? Yes

of THIS birth 42 yrs.

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington

8. No. months

White

of Pregnacy 9

16. FULL MAIDEN Amanda Jane Stotts

(e) How long has MOTHER lived in Idaho? 5 a most

5. Date of Birth of Child Ington Co.

18. Age at time

Date

......of the person whose name appears

15 UCCEASEQ I further state that (Is now deceased) or (Cannot be located)

(Month, day, year). April 10.1891

3. RESIDENCE OF FATHER (city, state Weiser & Wash-

MOTHER OF CHILD

or Race Will be Of Trib Onio

19. Birthplace Janesville, (State or foreign country)

Occupation Housewife

AFFIDAVIT to be completed when the attendant does not sign

in Item 25.

Notary Public, residing at BOOME, IOWA.

(c) City Weiser

(d) Street Address or R.F.D. No.

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	Department of Commercy CERTIFICA	3 4/66/ s of date of birth of THIS child) State File No. 346661 Local Reg. No
COMPLETED certificate in a No charge for filing. Each	7. Twin or If so—born	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State I A A D. (b) County Bahh ock  (c) City Peyyy  (d) Street Address or R.F.D. No. None  (e) How long has MOTHER lived in Idaho? I yrs.  3. RESIDENCE OF FATHER (city, state) Peyyy, I daho  (Month, day, year) April 189/  8. No. months
ŏž	6. Sex / & / e Triplet 1st, 2nd, 3r	
pleting this certificate. Mail s, Boise, Idaho, for filing. r coin.		MOTHER OF CHILD  16. FULL MAIDEN NAME LACINGS  17. Color Or Race White of THIS birth 4 yrs.  19. Birthplace (City or town) Cuty or town) (State or foreign country)  20. Exact Occupation Cuty or town  21. Industry or Business  A S & W & C  MANE  MANE  MANE  MANE  MANE  MANE  MANE  MOTHER OF CHILD  (State or foreign country)  (State or foreign country)
E# C	23. Number of children of this mother: (a) At time of birth a	nd including this child (b) Born alive and now living
pewriter ribbon in c ureau of Vital Statis y cents, money orde	24. I HEREBY CERTIFY That I attended the birth of this d and at the place stated above, and that personal particular related to this child as(Mother, etc.)	child, who was
\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	25. Attendant's M.D. Midwin Midwin	fe Address Date
* Use only BLACK ink or BLACK Record type searing FIRST-CLASS postage to State Burcopy requires an advance payment of fifty	I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now years of age, to (First name) the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.  Subscribed and sworn to before mothis day (SEAL)  (Note: Perjury is papishable as a felony in Idaho; see Sec	AFFIDAVIT to be completed when the attendant does not sign in Item 25.  Item 25.  Item 25.  Of the person whose name appears (Mother, etc.)  hat I have known this person for years, and that his birth (Is now deceased) or (Cannot be located)  Knowledge, and that I desire to have this birth recorded under Signature P.O. Address  Notary Public, residing at Notary Public, residing at Notary Public, residing at Notary Public, residing at Notary Public Notary Public, residing at Notary Public Notary Public Notary Public, residing at Notary Public N
. <b>C Sea</b> (COD)	Received for filing on 28 1942	by Hegistrar.

(1937 Session Laws, Chapter 139, Section 4)



λ	314-220-044-622	,		) State File No. 346814
envelope			of date of birth of THIS child	
Ţ	Department of Commerce Bureau of the Census	STATE OF		Local Reg. No Reg. Dist. No
certificate in filing. Each	1. PLACE OF BIRTH (All items at time of this birth (a) County ashington (b) City Meado	BWC	2. USUAL RESIDENCE OF A (a) State ldano.	AOTHER (At time of this birth) (b) County washington
2 .	(c) Street Address or R.F.D. No			Meadows
ŤĒ	(d) Name of Hospital or Maternity Home:		(d) Street Address or R	.F.D. NoO
COMPLETED ce No charge for fi	(e) Mother's stay BEFORE delivery:  *IN THIS county [] years o months	!	(e) How long has MOTI	HER lived in Idaho?21yrs. (city, state) MOAdOWS-Ida.
ᇦᇸ	4. FULL NAME	O days ,	5 Date of 1	Right of Child
12	of CHILD Carrie Frances Ca	ampbell	(Month,	day, year) mar.20-1891
₹0	7. Twin or	If so-born	8. No. months	
	6. Sex remale Triplet O	1st, 2nd, 3rd	O of Pregnacy	9 9. Legitimate? Yes.
s certificate. Mail daho, for filing. I	FATHER OF CHILD		МОТН	ER OF CHILD
7.5	10. FULL Charles Albert Campbe.	11.	16. FULL MAIDEN Garo	line Frances Osborn
<b>₹</b> #	11. Color 12. Age at time		17. Color	18. Age at time
ĘĘ.	or Race	35yrs.	or RaceWhi.t.e	of THIS birth 2I vrs.
Ŧ,	13. Birthplace Pawnee-Illinoi; (City or town) (State or foreign	S	19. Birthplace Warr (City or tow	en-Idaho.  (State or foreign country)
ŭ <b>4</b>	14. Exact	1	20. Exact	
ĒŢ	Occupation Stock-grower			usewile
5.5 F	15. Industry or Business Ranch		21. Industry or Business	ome.
npleting this cs, Boise, Ida or coin.	22. Name prophylactic used to prevent Ophthalmia			
E 0 9	23. Number of children of this mother: (a) At tim			
8 ± ±				born anve and now hving2
: 2 g			CERTIFICATE	
§ - §	24. I HEREBY CERTIFY That I attended the bir	th of this chi	id, who was(Born alive, stillborn)	atM. on the date
r ribb of Vit	and at the place stated above, and that person related to this child as	al particulars	were furnished by(First r	, who is
writer bau of cents, r	(Mother, etc.) 25. Attendant's	M.D.		
§ 5 8	OWN signature	Midwife	Address	Date
ord type ate Bur F fiffty	State of Idaho. County of Washington ss.	4		when the attendant does not sign item 25.
Reck to Sta	I, the undersigned, being first duly sworn, say	that I am the.	Mother (Mother, etc.)	of the person whose name appears
X E	in Item 4, above, that I am now72yes			
BLACK satage (	Mrs. thos. tolay (Last name) who	attended this	s birth I.S NOW decease (Is now deceased) or (Cans	Sed I further state that
_ Z Z S	the facts on the certificate above are true to the	best of mv kr	nowledge, and that I desire.	to have this birth recorded under
X S X	Chapter 189, 1037 Session Laws.	//	//* // // // // // // // // // // // //	// ^ // <b>/</b> /
트롤링		χυω	solve forms	Signature
유년 등				1dano. P.O. Address
BLA FIRST uires	Subscribed and sworn to before me this	day of.	May	, 19.42
7==	(SEAL) Manganet	I Lag	Notary Public, residing	ng atGembridge, Idano.
TE E	(Note: Perjury is punishable as a felphy in Ida	tho; see Sec	17-914, Idaho Code Annotated	.)
5 E	Received for filing on		W. Me	LAU Registrar.
ة قر	Received for filing on		A	, registrar.

JUN 4 1940

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

United States Department of Commerce Bureau of the Census	(Be sure the information is as CERTIFICATI STATE O	E OF BIRTH F IDAHO	Local Reg. NoReg. Dist. No
(c) Street Address or R.F.I. (d) Name of Hospital or M.  (e) Mother's stay BEFORE d IN THIS county 0	(b) City F13h HAYEN  No	(a) State O.R.H.() (c) CityF.is.kH.() (d) Street Address or R. (e) How long has MOTH 3. RESIDENCE OF FATHER () 5. Date of B	THER (At time of this birth)  (b) County. Benin. Lph  J. V. C. N.  F.D. No.  ER lived in Idaho? J.  yrscity, state) Fish Haven, 105  irth of Child  day, year) De C. 20, 1991
6. Sex MALE Trip	or If so—born 1st, <b>Cuck, Std</b>	8. No. months	9. Legitimate? YS S
10. FULL NAME JUSTIN 11. Color or Race White 13. Birthplace FILL MAR (City or town)	12. Age at time of THIS th 25 yrs.	16. FULL MAIDEN NAME HANNAHH  17. Color or Race WHITE  19. Birthplace (City or town	R OF CHILD  E. WINTER BOTTON  18. Age at time of THIS birth 2.6 yrs  N.G. L. H. N.D. (State or foreign country)
Business		Business	
	prevent Ophthalmia Neonatorum.		
	mother: (a) At time of birth and	d including this child (b)	
23. Number of children of this 24. I HEREBY CERTIFY The	mother: (a) At time of birth and ATTENDANT'S at I attended the birth of this chi	d including this child	Born alive and now living t
<ul><li>23. Number of children of this</li><li>24. I HEREBY CERTIFY The</li><li>and at the place stated ab</li></ul>	mother: (a) At time of birth and ATTENDANT'S at I attended the birth of this chi ove, and that personal particulars	d including this child	Born alive and now living  t
<ul> <li>23. Number of children of this</li> <li>24. I HEREBY CERTIFY The</li> <li>and at the place stated ab related to this child as</li> <li>25. Attendant's</li> </ul>	mother: (a) At time of birth and ATTENDANT'S at I attended the birth of this chi ove, and that personal particulars (Mother, etc.) M.D.	d including this child	Born alive and now living  t
23. Number of children of this  24. I HEREBY CERTIFY The  and at the place stated ab related to this child as	mother: (a) At time of birth and ATTENDANT'S  at I attended the birth of this chi ove, and that personal particulars  (Mother, etc.)  M.D. Midwife	d including this child	t
23. Number of children of this  24. I HEREBY CERTIFY The  and at the place stated ab related to this child as	mother: (a) At time of birth and ATTENDANT'S  It I attended the birth of this chi ove, and that personal particulars  (Mother, etc.)  M.D. Midwife  ss.  rst duly sworn, say that I am the w	d including this child	Born alive and now living
23. Number of children of this  24. I HEREBY CERTIFY The  and at the place stated ab related to this child as	mother: (a) At time of birth and ATTENDANT'S  It I attended the birth of this chi ove, and that personal particulars  (Mother, etc.)  M.D. Midwife  Ss.  rst duly sworn, say that I am the v	d including this child	Born alive and now living

(1937 Session Laws, Chapter 139, Section 4)

	238421-001-235		34705	24War.
fi-	J//N/	- information to of Jate of	Lint of MITTO ALITY	347051
certifi- charge		e information is as of date of CERTIFICATE OF BIR		State File No
2.2	Department of Commerce 1945 Bureau of Census			Local Reg. No.
IPLETED filing. No		STATE OF IDAHO		
EE SE	1. PLACE OF BIRTH (a) County (b) City	Daixe 2. USU.	AL RESIDENCE of M	OTHER (At time of this birth)
2.5	(c) Street Address or R.F.D.No		tate want	(b) County Ada
<b>Z</b>	(d) Name of Hospital or Maternity Hom		Street Address or R.F.	
COM for	( ) M (1 ) DEPOND 11'		How long has MOTHE	
:∃ <b>8</b> .₽	(e) Mother's stay BEFORE delivery:	(f) M	fother's mailing addre	ss Cairl I dah
<b>₹</b> 600		nonth days 3. RES	IDENCE of FATHER	(city, state)
် ရှိ ရှိ မ	4. FULL NAME	a Salamente	5. Date of Bir	th 6.01 1201
is ois	OF CHILD WALLEY OF TWIN OF	If so-born	8. No. months	y year wg. 21, 1891
HA.S	6. Sex or session Tripiet	1st, 2nd, 3rd	of Pregnancy 9	9. Legitimate?
ရှိ ဦး	FATHER OF CHILD	/	MOTHER	OF CHILD
his tist Ion	10. FULL NAMERICHAND Eigene Sch	NAME NAME NAME	L MAIDEN ME Annie B	ir of stephens
Sa t	11 Color	ne 🔼		18. Age at time
it ea tr	or Race of THIS I		Racolling	of THIS birth. Zyrs
를 S	13. Birthplace OWG Mew (State or fo	order 19. Birtl	place College No.	(State or foreign country)
ft of i	14 Evact	20. Exa		
o Bit	Occupation Common Falls 15 Industry or	Occi 21. Indu	ipation A	mye
- E E E	Business	Busi		-
Pon Ent	22. Name prophylactic used to prevent Opht	halmia Neonatorum		
rate in	23. Number of children of this mother: (a) (c) Born alive and now dead (d)	At time of birth and including Stillborn	this child(b) B	orn alive and now living
ង្គស្គ	24. I HEREBY CERTIFY That I attended		wasat	M. on the date
typewrit stage to advance			(born alive, stillborn)	
7pe age Ivan	and at the place stated above, and that related to this child as	personal particulars were fur	nished by(First nar	ne) (Last name) who is
1 ty ost	IIIN 2 1047 YNG Mother	3 Plan		
or a de	26. (a) (Date received) (Regis	trar's signature) 25. Atte	ndant's N signature	M. D.
A Se	27. Given name added on by		•	(D.O., Midwife, etc.)
MY S	(Regis	trar's signature) and	address	Date
P. T.	State of ss.		<del>-</del>	when the attendant at birth is
P RS	County of All		OT LIVING or CAND	A AA
_ 트로 S	I, Muie Bud belown	being first duly sworn,	say that I am	ted to (or) acquainted with)
ie ge	Userie Mystle Salvers	as Moth	e	whose birth certificate
T A	(Name of person on certificate above appears above, and that I desire to have the	e) (State relate said birth recorded under Ch	tionship or acquaintance napter 139, 1937 Session	Laws; and that the facts con-
My S	tained therein are true to the best of my k	nowledge. I further state tha	(Name of attendant	who attended
A of the	said-birth	and that this birth has	not been previously r	ecorded.
H S H	(Is now deceased (or) cannot be loc	ated) annied	Bind Scho	Signature
구 교 명		130× 12	31 Boice 8	P. O. Address
2.11	Subscribed and sworn to before me on		June	, 19*1
Use for	(SEAL)	rsagley X	stary Public, residing	at Bree Steh

JUN 3 Boo

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

255-114.078-289	STATE OF IDAHO
County of Mosterway Balls Ide	DEPARTMENT OF PUBLIC WELFARE
No St.	MAY 16 1938 ERTIFICATE OF BIRTH Registration District NoState File No
(If born in hospital or institution give name,)	Prim. Registration District No. Local Registrar's No.
Sex Hale lif plural 4. Twin, triplet, or other  5. Number, in order of bir	6. Premature 7. Legiti- 8. Date of birth 199. The Full term mate? (Month, Day, Year)
9. Full pame Curtis alberto Ben	ban 18. Full MOTHER maiden Mellie Elizabeth Shielr
O. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of about) (If non-resident, give place and State) May Post Fol
1. Color or race legge 12. Age at last birthda;  13. Birthplace (city or place) legge 12. Age at last birthda;  (State or Country)	20. Color or race 21. Age at last birthday 22 (years) 22. Birthplace (city or place) ** Color of Country) (State or Country)
14. Trade, profession, or particular kind of work done as spinner, sawyer, booksceper, etc.	23 Trade profession or partialling tind
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc	24 Industry on Insings in which
16. Date (month and year) last engaged in this work in this work.	last engaged in this work 26. Total time (years) spen
77. What prophylactic was used to prevent Ophth	almia Neonatorum?
	of this birth and including this child) alive and now living 2 (b) Born alive but now dead. 1 (c) Stillborn
9. If stillborn, n	nonths — 30. Cause of Stillbirth — { During labor Before labor
CERTIFICATE OF Libereby certify that I attended the birth of this conditions there was no attending physician	ATTENDING PHYSICIAN OR MIDWIFE child, who was at m. on the date above stat  (Born Alive or Stillbern)
or midwife, then the father, householder, etc., bould make this return.	(Signed) , M. or , Midw
Give name added from a supplemental report	Address VA LIL
- Carrie Oxy	Filed JUN 1 1942 193 aby 16 Lalen

# STATE OF IDAHO BARZILLA W. CLARK, GOVERNOR

# DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

991 V -	<del></del>
State of Take Washin	AFFIDAVIT
to the state	(To accompany a certificate of an unreported birth when such certificate is not attested by signature of
County of Statutary	attending physician or midwife.)
Wellie Elisabeth Ben	ham being first duly sworn says that
	of Burtis alberto & Hellie Elizafeth Burha
the (Relationship of child)*	of person seed and I follow for the form
1 11 100	Q 1-16-00-
born (Date of bigh)	at near Post-Talla , Idaho,
` <i>V</i> ,	age 80 lef Ruban
whose certificate of birth is hereto attached, and that	desires to have the said birth to; and affiant further states that the facts contained in the certifi
	at a maintratic states that the facts contained in the certifi
cate of birth of the said	willow to enwant
	hereto attached are true and correct
as stated therein, and that this birth has not been previous	ously r ecorded.
Affiant further states that	Mrs Parsons M. D. Was the
2	Midwife
medical attendant at the birth of said	les buver Benham and that
the said medical attendant is wow de	cessed
	(Now deceased (or) cannot be located)
, , , , , , , , , , , , , , , , , , ,	Hant Wellie Elizabeth Bucham
P. O. Addre	ess Kusto 2 Box 93 / Vancouver, Wash
Subscribed and sworn to before me this	1920 of Siptember 1920
	13 Not ha
<u> </u>	Minus
	Notary Public.
	Residing at WWW, Line
*If the father and mother are dead, and the next nearest kin	signs the affidavit, state that fact in the affidavit, indicating the relationship of

the affiant, as brother, sister, cousin, etc.

envelope certified	United States (Be sure the information is as of Department of Commerce CERTIFICATE Bureau of the Census STATE OF	OF BIRTH	State File No. 347223 Local Reg. No
certificate in filling. Each	1. PLACE OF BIRTH (All items at time of this birth)  (a) County Shoshone (b) City Weippe  (c) Street Address or R.F.D. No	(c) City <b>Weippe</b> (d) Street Address or R.F.D	(b) CountySho.shone
• -	(e) Mother's stay BEFORE delivery: IN THIS county 4 years I months 29 days	3. RESIDENCE OF FATHER (city	lived in Idaho?4yrs., state) Weippe, Ida.
COMPLETED to charge for	4. FULL NAME Harvey Wilson 7. Twin or If so—born	5. Date of Birth (Month, day, 8. No. months	of Child year)Nov29,1891
8 <sub>2</sub>	6. Sex male Triplet no 1st, 2nd, 3rd	g of Pregnacy 9	9. Legitimate? yes
e. Mail filing. h	FATHER OF CHILD  10. FULL NAME Thomas Wilson	16. FULL MAIDEN MOTHER O	
ertificat ho, for 1	11. Color 12. Age at time or Race of THIS birth 4I yrs.  13. Birthplace Cederfalls Iowa  (City or town) (State or foreign country)	17. Color or Race white 19. Birthplace (City or town)	8. Age at time of THIS birth 40 yrs.
ng this c sise, Idal	14. Exact Occupation 15. Industry or Business  farming	20 Evect	rife
pletii 3, Bo	22. Name prophylactic used to prevent Ophthalmia Neonatorum.		
	23. Number of children of this mother: (a) At time of birth and		rn alive and now living
bon in	ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chi	ld, who wasatatat	
er re	and at the place stated above, and that personal particulars related to this child as	s were furnished by(First name)	(Last name) who is
reau .	25. Attendant's M.D.  OWN signature Midwife	Address	Date
P P P	State of Idaho County of Clearwater	AFFIDAVIT to be completed when in Item	
Reco to Sta	I, the undersigned, being first duly sworn, say that I am the	(Mother etc.)	
LACK	in Item 4, above, that I am now65		I further state that
SS pos	(First name) (Last name) the facts on the pertificate above are true to the best of my king the chapter 139, 1937 Session Laws.	nowledge, and that I desire to ha	we this birth recorded under
T-CE		Weippe, Idaho	)P. O. Address
nly BLA	Subscribed and sworn to before me this	Notary Public, residing at	
Use of bearing	Received for filing on 1942		Registrar.

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce	ne information is as of CERTIFICATE	OF BIRTH	child) State File No. 34735 Local Reg. No
Bureau of the Census	STATE OF	' IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of the (a) County Bingham (b) City. I (c) Street Address or R.F.D. NoDOD. (d) Name of Hospital or Maternity Home none (e) Mother's stay BEFORE delivery: IN THIS county V. years 5 m	e:	(a) State Idaho (c) City Rexbu: (d) Street Address	of MOTHER (At time of this birth)  (b) CountyBingham  or R.F.D. Nonone  MOTHER lived in Idaho?
4. FULL NAME Miles Reynold Cahoo		5. Dat	e of Birth of Child onth, day, year) Sept. 16, 18
7. Twin or 6. Sex Male Triplet	If so-born	8. No. mont	
FATHER OF CHILD		N	OTHER OF CHILD
10. FULL NAME Miles Reynold Cahoon		16. FULL MAIDEN MAME	ary McMillan
11. Color 12. Age at time of Race white of THIS 13. Birthplace South Cottonwood, Ut	me 31	17. Color white	18. Age at time of THIS birth 26 COTTONWOOD, Utah or town) (State or foreign country)
or Race	birth yrs.	or RaceSOUTh	Cottonwood. Utah
(City or town) (State of	or foreign country)	20. Exact	or town) (State or foreign country)
Occupation Farmer	ŧ	Occupation H	ouse Wife
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Opht	halmia Neonatorum		
23. Number of children of this mother: (a)	At time of birth and	including this child	(b) Born alive and now living 4
	ATTENDANT'S		
24. I HEREBY CERTIFY That I attended	the birth of this child	d, who wasBorn alive, still	at
		wate furnished by	who
and at the place stated above, and that related to this child as(Mother.		were rurmsneu by	First name) (Last name)
and at the place stated above, and that related to this child as	etc.) <b>M.D.</b>		
and at the place stated above, and that related to this child as (Mother, 25. Attendant's OWN signature  State of Idaho Ssature	M.D. Midwife	Address	Date ted when the attendant does not s
and at the place stated above, and that related to this child as (Mother, 25. Attendant's OWN signature  State of Idaho Ssature	M.D. Midwife	Address	Date ted when the attendant does not s
and at the place stated above, and that related to this child as (Mother, 25. Attendant's OWN signature  State of Idaho County of Fremont ss	M.D. Midwife  m, say that I am the	Address  FFIDAVIT to be comple  Friend	Date ted when the attendant does not s in Item 25of the person whose name appearance.
and at the place stated above, and that related to this child as (Mother, 25. Attendant's OWN signature  State of Idaho County of Fremont ss. I, the undersigned, being first duly swor in Item 4. above, that I am now 60	M.D. Midwife  m, say that I am the  vears of age, that	Address  Friend  (Mother, etc.) t I have known this per	Date  ted when the attendant does not s in Item 25of the person whose name appearson for 50 years, and the secondary secondary.
and at the place stated above, and that related to this child as (Mother, 25. Attendant's OWN signature  State of Idaho County of Fremont ss. I, the undersigned, being first duly swor in Item 4, above, that I am now 60 rs. Magdiana Waltz (First name) (Last name)	m.D. Midwife  m, say that I am the years of age, that, who attended this	Address  Friend  (Mother, etc.) t I have known this per birth 1s now december (Is now december)	Date  ted when the attendant does not a in Item 25of the person whose name appropriate the person whose name appropriate for the person wh
and at the place stated above, and that related to this child as (Mother, 25. Attendant's OWN signature  State of Idaho County of Fremont ss. I, the undersigned, being first duly swor in Item 4. above, that I am now 60	M.D. Midwife  M.D. Midwife  M.D. Midwife  An, say that I am the  m, say that I am the  who attended this to the best of my known	Friend  (Mother, etc.)  t I have known this per birth is now deceased) or owledge, and that I deceased.	Date  ted when the attendant does not so in Item 25. of the person whose name appears of for years, and to see does not so in Item 25.  Son for 150 years, and to see does not see d
and at the place stated above, and that related to this child as (Mother, 25. Attendant's OWN signature  State of Idaho County of Fremont ss. I, the undersigned, being first duly swor in Item 4, above, that I am now 60 rs. Magdiana Waltz (First name) (Last name) the facts on the certificate above are true to the state of the sta	m.D. Midwife  m, say that I am the  m, say that I am the  m, who attended this to the best of my known	Friend  (Mother, etc.) t I have known this per birth. is now deceased) or owledge, and that I deceased.	Date  ted when the attendant does not s in Item 25of the person whose name apperson for years, and to the second years, and to the second years are to have this birth recorded under the second years.  Signat
and at the place stated above, and that related to this child as (Mother, 25. Attendant's OWN signature  State of Idaho County of Fremont ss. I, the undersigned, being first duly swor in Item 4, above, that I am now 60 rs. Magdiana Waltz (First name) (Last name) the facts on the certificate above are true to Chapter 139, 1937 Session Laws.	m.D. Midwife  m, say that I am the  years of age, that  m, who attended this  to the best of my kne  Sc  Sc  day of	Address  Friend  (Mother, etc.) t I have known this per birth. is now deceased) or owledge, and that I deceased.  A. P. Anthony, Ide	Date  ted when the attendant does not s in Item 25. of the person whose name apperson for 50 years, and to be seed I further state to (Cannot be located)  sire to have this birth recorded un Signate the person whose name apperson for 50 years, and to be seed I further state to have this birth recorded un Signate the person years, and to be located.  Signate the person whose name apperson for 50 years, and to be seed I further state to have this birth recorded un Signate the person whose name apperson years, and to be seed I further state to have this birth recorded un person whose name apperson years, and to be seed I further state to have the person whose name apperson years, and to be seed I further state to have the person whose name apperson years, and to be seed I further state to have the person whose name apperson years, and to be seed I further state to have the person years, and to be seed I further state to have the person years, and to be seed I further state to have the person years, and to be seed I further state to have the person years, and to be seed I further state to have the person years, and to be seed I further state to have the person years, and the person years are the person years are the person years are the person years.
and at the place stated above, and that related to this child as (Mother, 25. Attendant's OWN signature  State of Idaho County of Fremont ss. I, the undersigned, being first duly swor in Item 4, above, that I am now 60 rs. Magdiana Waltz (First name) (Last name) the facts on the certificate above are true to Chapter 139, 1937 Session Laws.	m.D. Midwife  m, say that I am the  who attended this to the best of my known so the best of my kno	Address  Friend  (Mother, etc.) t I have known this perbirth is now deceased) or owledge, and that I deceased.  A. C. A.	Date  ted when the attendant does not s in Item 25.  of the person whose name appears of the person whose name appears and the season of the person whose name appears are to season for the person whose name appears and the season of the person whose name appears are the season of the person whose name appears are the season of the person whose name appears are the season of t

....4

(1937 Session Laws, Chapter 139, Section 4)

294-212,001-992			347405
	the information is as of date of	•	tate File No.
Department of Commerce	CERTIFICATE OF BIRT		ocal Reg. No
Bureau of the Census	STATE OF IDAHO	· 1	Reg. Dist. No
1. PLACE OF BIRTH (All-items at time of (a) County	Boise (a)  Filefferson St (c)  (d)  (e)	State I.d. a.h.o	No. Jefferson ved in Idaho? 2 yrs
IN THIS county 2 years		DENCE OF FATHER (city,	
4. FULL NAME Helen Louis	e Bruce	5. Date of Birth (Month, day)	year) July 12, 1891
6. Sex Female 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy	9. Legitimate? 400
FATHER OF CHILD		MOTHER OF	<del></del>
10. FULL Walter Smith T. Color or Race. White 12. Age at or Race. White 13. Birthplace. San Francisco.  (City or town) (Sta	time 17. Coles birth 26 yrs.	L MAIDEN ME E 1936 eth Prace W h 1 te 18 thplace San Iran C (City or town)	Margaret Biblins Age Stime of This birth 29 yrs
Occupation ASSTICASHIER	Occ	upation Aque	rwefe
15. Industry or Boise City Na	tl Bank 21. Ind	ustry or iness	)
22. Name prophylactic used to prevent Or	ohthalmia Neonatorum		
23. Number of children of this mother: (a			
	ATTENDANT'S CERTIFIC		
24. I HEREBY CERTIFY That I attended			M. on the date
and at the place stated above, and the related to this child as(Moth	at personal particulars were fur		
25. Attendant's OWN signature	M.D. Midwife Addres	s	Date
State of Jaho County of Jaho	ss. AFFIDAVIT	to be completed when in Item 2	the attendant does not sign 5.
I, the undersigned, being first duly sw	orn, say that I am the	M. T. of the	person_whose name appears
in Item 4, above, that I am now			48 years and that
	who attended this birth		I further state that
the facts on the certificate above are tru Chapter 139, 1937 Session Laws.	e to the best of my knowledge,	and that I desire to have	e this birth recorded under
			Signature
		une	Double P. O. Address
Subscribed and sworn to before the t		otary Public, residing at.	
(Note: Perjury is punjshable as a fel	ony in Idaho: see Sec. 17-914 ald	the Code Warphtsted	LOUNE
	1942		
Received for filing on	by		, Registrar

DEC 3 0 1952

DEC 3 0 1958

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

United States Department of Commerce Bureau of the Census  (Be sure the information is as of CERTIFICATE  STATE OF	OF BIRTH Local Reg. No
1. PLACE OF BIRTH (All items at time of this birth)  (a) County	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State Idaho (b) County Blaine  (c) City Belvue  (d) Street Address or R.F.D. No
4. FULL NAME Joseph Daniel Fariello OF CHILD	5. Date of Birth of Child (Month, day, year)Qct10189
7. Twin or If so—born 1st, 2nd, 3rd	8. No. months know
FATHER OF CHILD  10. FULL Joseph Fariello NAME  11. Color white of THIS birth 40 yrs.  13. Birthplace Qont know (State or foreign country)  14. Exact Occupation Restaurant operator.  15. Industry or Business Restaurant  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and	MOTHER OF CHILD  16. FULL MAIDEN NAME Mary Geefellow  17. Color white 18. Age at time 19 or Race of THIS birth yrs  19. Birthplace Tune, Switzerland  (City or town) (State or foreign country)  Cocupation housewife  21. Industry or Business  dont know
related to this child as	
State of Montana County of Silver Bow Ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now51years of age, the	(Mother, etc.)  (Mother, etc.)
(First name) (Last name) the facts on the certificate above are true to the best of my kr Chapter 139, 1937 Session Laws.	when the state of
(First name) (Last name) the facts on the certificate above are true to the best of my kr Chapter 139, 1937 Session Laws.	wowledge, and that I desire to have this birth recorded under the second of the second

(1937 Session Laws, Chapter 139, Section 4)

E	United States Department of Commerce Bureau of the Census	CERTIFICATI STATE OI		State File No. 34744 Local Reg. No. Reg. Dist. No.
	1. PLACE OF BIRTH (All items at  (a) CountyBOISO	o nity Home: sidence ery: 10 months 28 days		(b) County BOISE City  D. No
4	OF CHILD	BENTON CASNER	(Month, day	, year) Jan. 25,189
6	6. Sex Male 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8th 8. No. months of Pregnacy 9	9. Legitimate? Yes
1	FATHER OF (		MOTHER 16. FULL MAIDEN ET TOAR	
1	or Race White 13. Birthplace Roanoke, Vi	Age at time of THIS birth 64 yrs. rginia, U.S. A. (State or foreign country)	17. Color White or Race Stump Town	(See of foreign country)
. 1	Occupation Farmer 15. Industry or Business Farming	operator	Occupation HOUSEW 21. Industry or Business Housew	ife
5 2	<ol> <li>Name prophylactic used to pre</li> <li>Number of children of this mo</li> </ol>	ther: (a) At time of birth an	d including this child	orn alive and now living
<b>6</b> 2	24. I HEREBY CERTIFY That I	•	ild, who wasatat	
Ē	and at the place stated above,	and that personal particular.	s were furnished by(First name	(Last name)
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and at the place stated above, related to this child as	(Mother, etc.)  M.D.  Midwife		(Last name)  Date
ŭ _	25. Attendant's  OWN signature  State of	(Mother, etc.)  M.D.  Midwife	Address  AFFIDAVIT to be completed when in Item	Date  1 the attendant does not si 25.
i payment of tirty co	25. Attendant's  OWN signature  State of DAHO County of BUISE  I, the undersigned, being first in Item 4, above, that I am now Warren  Ne	(Mother, etc.)  M.D.  Midwife  Ss.  duly sworn, say that I am the.  67years of age, the  Well , who attended this  ast name)	Address  AFFIDAVIT to be completed when in Item BROTHER of the complete of the	Date  1 the attendant does not si 25.  1 the person whose name appearments, and the discrete state the state of the state
nce payment of tiffy of it t.	25. Attendant's  OWN signature  State of IDAHO County of BUISE  I, the undersigned, being first in Item 4, above, that I am now Warren  (First name) (The facts on the certificate above Chapter 139, 1927 Session Laws.	(Mother, etc.)  M.D.  Midwife  Ss.  duly sworn, say that I am the.  67. years of age, the well well who attended this ast name) are true to the best of my kn	Address  AFFIDAVIT to be completed when in Item BROTHER of the (Mother, etc.) at I have known this person forms birth is now deceased or (Cannot be nowledge, and that I desire to he	Date  1 the attendant does not si 25.  25.  26 person whose name appears, and ti d years, and ti located)  ave this birth recorded uncompared to the signature.  20 Address of the state of the signature of the signature.  20 Address of the signature of the signature of the signature of the signature of the signature.  20 Address of the signature

(1937 Session Laws, Chapter 139, Section 4)

M.D.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Midwife

Received for filing on JUN 6 1942 by Registrar

Address

State of IDAHO
County of IATAH I, the undersigned, being first duly sworn, say that I am the BROTHER

Chapter 139, 1937 Session Laws.

(SEAL)

Subscribed and sworn to beton

Date AFFIDAVIT to be completed when the attendant does not sign

in Item 25. .....of the person whose name appears (Mother, etc.) in Item 4, above, that I am now. 59 years of age, that I have known this person for 11 her 11 and that

MRS MARY FREDLUND , who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Last name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under TROY IDAHO J.P. O. Address 27th devot MAY 1942 17roy, Idaho.

related to this child as (Mother, etc.) 25. Attendant's **OWN** signature

(1937 Session Laws, Chapter 139, Section 4)

296-124,028-249	347480
	ion is as of date of birth of THIS child)  State File No
	TATE OF IDAHO Local Reg. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County KOOTEN (b) City HOPE, (c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State. Idaho (b) County. Kootenia  (c) City. Hope
(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No
(e) Mother's stay BEFORE delivery: Home IN THIS county years months	(e) How long has MOTHER lived in Idaho?yrs days 3. RESIDENCE OF FATHER (city, state)
4. FULL NAME John Glahe Brockhagen	5. Date of Birth of Child Nov 24-1891
	8. No. months 2nd, 3rd of Pregnacy 9. Legitimate?
FATHER OF CHILD  10. FULL NAME George Louis Brockhagen	MOTHER OF CHILD  16. FULL MAIDEN Anna Smith
11. Color White 12. Age at time 27	vrs. or Race White 18. Age at time of THIS birth
13. Birthplace Ft. Madison Is. (City or town) (State or foreign count	yrs. or Race. not THIS birth yrs.  19. Birthplace N1168, Mich  (City or town) (State or foreign country)
14. Exact Store Keeper	
15. Industry or Business Tavern	21. Industry or Business Housewife
	onatorum
	birth and including this child (b) Born alive and now living
	NDANT'S CERTIFICATE
	of this child, who wasat
	particulars were furnished by, who is (Last name)
25. Attendant's	M.D.
OWN signature	Midwife Address Date
State of	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
	I am the
	of age, that I have known this person for years, and that
(Last name)	ended this birth
	of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.	x 19 Breifing Signature
	P. O. Address
Subscribed and sworn to before meeting	day of theme 19th
· · · · · · · · · · · · · · · · · · ·	Notary Public, residing at Bushington &
(Note: Perjury is punishable as a felony in Idaho;	
Received for filing on JUN 5 1942	by Registrar

(1937 Session Laws, Chapter 139, Section 4)

255-123-028-653 United States (Be sure the information is as of date of birth of THIS child) State File No..... Department of Commerce Local Reg. No. CERTIFICATE OF BIRTH STATE OF IDAHO Bureau of the Census Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Kootenai (b) CityCoeur d'Alene (b) County Kootenai (a) State... (c) City Coeur d'Alene (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. none In her home (e) Mother's stay BEFORE delivery: IN THIS county V years 6 months V days (e) How long has MOTHER lived in Idaho?...... 3. RESIDENCE OF FATHER (city, state) Idaho, 4. FULL NAME Leslie Ross Kent, 5. Date of Birth of Childug, 23, 1891 (Month, day, year) 7. Twin or If so-born 8. No. months 6. Sex Male Triplet 1st. 2nd. 3rd of Pregnacy 9. Legitimate? Yes FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDENNellie E. Welch, 10. FULL NAME Andrew J. Kent, or Race white 11. Color 12. Age at time 17. Color 18. Age at time of THIS birth 20 yrs. or Race White of This birth 33 yrs.

13. Birthplace Oceola, Wisconsin white or Race..... 19. Birthplace The Dalles Oregon, (State or foreign country) (City or town) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation Proprietor of Hotel Housewife Occupation ..... 15. Industry or 21. Industry or Housewife Business Hotel man Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child...... (b) Born alive and now living........ ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) 25. Attendant's M.D. **OWN** signature Midwife Address Date Idaho State of Boundary ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25. Mother I, the undersigned, being first duly sworn, say that I am the...... .....of the person whose name appears (Mother, etc.) in Item 4, above, that I am now....70......years of age, that I have known this person for......50......years, and that Dr Sabin , who attended this birth 18 now deceased . I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. 1. Signature Bonners Ferry, Idaho P.O. Address lst Subscribed and sworn to before me this 1ST day of June, 1942

(SEAL) Probate Judge NEWKERK residing aBonners Ferry Ida (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on JUN

(1937 Session Laws, Chapter 139, Section 4)

•	213-224-00-866			347800
23	·	tion is as of	date of birth of THIS child)	State File No
8 <b>%</b>	=	RTIFICATE		Local Reg. No
	Bureau of the Census S	STATE OF	IDAHO	Reg. Dist. No
rtificate in ling. Each	1. PLACE OF BIRTH (All items at time of this birth)  (a) County		2. USUAL RESIDENCE OF MOTI (a) State Idaho (c) City Caldwell (d) Street Address or R.F.D.	
6. 6. 6.	(e) Mother's stay BEFORE delivery: IN THIS county 23 years — months 7		(e) How long has MOTHER 3. RESIDENCE OF FATHER (city	lived in Idaho? 23 yrs.
COMPLETED No charge for	4. FULL NAME Edna Merle Ball		5. Date of Birth	
	6. Sex Female 7. Twin or 1f s 1st,	so—born , 2nd, 3rd	8 No months	9. Legitimate? Yes.
Mail 19.	FATHER OF CHILD		MOTHER (	OF CHILD
<b>₹</b>	10. FULL NAME Samuel Lafavette Ball		16. FULL MAIDEN NAME Myra Ethel	Howard
를 프	11 Color 19 Age at time			8. Age at time
きる	or Race		or Race MILLE	of THIS birth 45 vrs.
t o	13. Birthplace Amherst, Wisconsin (State or foreign coun	· · · · · · · · · · · · · · · · · · ·	19. Birthplace Middleto (City or town)	(State or foreign country)
S P	14 Evect	1		
ŧ,	Occupation Farmer 15. Industry or		Occupation HOUSEW1 21. Industry or	fe
ë ë ë	Business Farming.		Business Own hom	e.
15 m 8	22. Name prophylactic used to prevent Ophthalmia Nec	onstorum		
E S P	23. Number of children of this mother: (a) At time of			
8 2 2			CERTIFICATE	and and now nving.
bon in tal Sta	24. I HEREBY CERTIFY That I attended the birth of	of this child	l, who wasatat	
5 E	and at the place stated above, and that personal prelated to this child as	particulars	were furnished by(First name)	, who is
1 1	(Mother, etc.) 25. Attendant's	M.D.	•	
\$ 5 U	OWN signature	Midwife	Address	Date
ord ty	State of Oregon, County of Sss.	A	FFIDAVIT to be completed when in Item	
\$ 5.5 \$ 0.5 \$ 0.5	I, the undersigned being first duly sworn, say that	I am the	mother of th	e person whose name appears
즈 호 를	in Item 4 above, that I am now 73 years o			-
Age	Dr. F. S. Kohler , who att	ended this	hirth 18 now deceased	T further state that
목 # #	(* mac manne)		(IB NOW Geceased) of (Cannot be	iocateo;
Se	the facts on the certificate above are true to the best Chapter 139, 1937 Session Laws.	of my kno	wledge, and that I desire to ha	we this birth recorded under
ASA	Chapter 439, 1807 session 124ws.	mura	a Ethel Howa	rd Ball signature
조수를			Second St., Coqui	
ST.	Subscribed and sworn to before me this 1st	dor of	.Tuno	acil O
목문	GEATI O. C. Sand	d.y 01	Notowe Public modding of	Cognille One
y Br	My commission expires selections in the	see 500.13	4914. Idaho Code Annotated.)	
arii y	111		V 7/1 1 1/7 // A	in
>ĕ ĕ	Received for filing on JUN 3 1942	b3		, Registrar.

A

(1937 Session Laws, Chapter 139, Section 😂

235-206-029-698 347803 (Be sure the information is as of date of birth of THIS child) United States State File No..... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... **Bureau of Census** STATE OF IDAHO Reg. Dist. No. 1. PLACE OF BIRTH > 2. USUAL RESIDENCE of MOTHER (At time of this bigth) (a) County Salaw (b) City, ..... (b), County Sata (a) State (c) Street Address or R.F.D. No. 126 W. / (c) City Moscow (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. 126 W (e) How long has MOTHER lived in Idaho?... (e) Mother's stay **BEFORE** delivery: (f) Mother's mailing address Moscow. In Hosp. or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state) Mascow. IN THIS county 8 years 10 month 6 4. FULL NAME 5. Date of Birth OF CHILD ..... (Month, day year) 7. Twin or If so-born 8. No. months 6. Sex Tema Triplet 1st. 2nd. 3rd 9. Legitimate? of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Commo NAME ...... 11. Color 12. Age at time 17. Color 18. Age at time or Race. of THIS birth...s 13. Birthplace . 19. Birthplace (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact usewile Occupation Julyman Occupation 15. Industry or 21. Industry or **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum ... # 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. (c) Born alive and now dead None (d) Stillborn None 24. I HEREBY CERTIFY That I attended the birth of this child, who was form alone at (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... related to this child as...... (First name) (Last name) 25. Attendant's (Registrar's signature) OWN signature 5000 27. Given name added on \_\_\_\_\_\_by\_\_\_\_\_\_\_(Registrar's signature) and address AFFIDAVIT To be completed when the attendant at birth is State of..... County of Sata NOT LIVING or CANNOT BE LOCATED (Related to (or) acquainted with) ....., whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) said birth \_ cs \_ mow accessed and that this birth has not been previously recorded (Is now deceased (or) cannot be located) Subscribed and sworn to before me on this 14 day of 12 M. Monnell Notary Public, residing at Moseow

JUN 1 2 1942

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

The state of the s

United States (Be a Department of Commerce	sure the information is as of date of birth of THIS  CERTIFICATE OF BIRTH	Schild) State File No. 34785 Local Reg. No.
Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at tim  (a) County. Bear. Lake. (b) (c) Street Address or R.F.D. No  (d) Name of Hospital or Maternity  ONN Home.  (e) Mother's stay BEFORE delivery: IN THIS county 5 years	city Wardboro (a) State Idah (b) City Ward (c) City Ward (d) Street Addres (e) How long has 3. RESIDENCE OF FAT	of MOTHER (At time of this birth o (b) County Bear wak boro s or R.F.D. No. MOTHER lived in Idaho? #3 THER (city, state) Wardboro
4. FULL NAME Keuben Vep	hi Eschler 5. Da	te of Birth of Child May 17, 189.
6. Sex Male 7. Twin or Triplet	If so—born 8. No. mon 1st, 2nd, 3rd of Pregr	ths
or Race White of 13. Birthplace Boltigen Bell (City or rown)	te at time THIS birth 54 yrs. This Switzerland (State or foreign country)  16. FULL MAIDEN NAME 17. Color or Race White 19. Birthplace Lan (Cit.	MOTHER OF CHILD Lagdalena Berger Esch 18. Age at time of THIS birth. Esch gnau Bern Switze Vortown) (State or foreign country
Occupation	Occupation	ouse Wife
	t Ophthalmia Neonatorum None	4
23. Number of children of this mother	r: (a) At time of birth and including this child. 2.	(b) Born alive and now living.
24. I HEREBY CERTIFY That I att	ATTENDANT'S CERTIFICATE  tended the birth of this child, who was (Born alive, st	at
related to this child as	Mother, etc.)	(First name) (Last name)
25. Attendant's OWN signature	M.D. Midwife Address	Date
State of Utal County of Oach	ss. AFFIDAVIT to be compl	eted when the attendant does not in Item 25.
in Item 4, above, that I am now Spar	y sworn, say that I am the Mother (Mother, etc.)  15	rson for 51 years, and sed I further state r (Cannot be located) esire to have this birth recorded up
	322 No. 3rd Ea	schler Signa St. Logan Utah P.O. Add
Subscribed and sworn to before	ne this O day of June Notary Public,	residing at long What
(SEAL)	Notary Public,	residing action of the second

(1937 Session Laws, Chapter 139, Section 4)

Bureau of the Census	CERTIFICATE OF BIRTH STATE OF IDAHO	Local Reg. NoReg. Dist. No
1. PLACE OF BIRTH (All items at  (a) County Bangham (b)  (c) Street Address or R.F.D. No.  (d) Name of Hospital or Mater.	b) City Musike (a) State July (c) City mity Home: Residence (d) Street Address of	F MOTHER (At time of this birth)  (b) County Bangh and  R.F.D. No.
(e) Mother's stay BEFORE delive IN THIS county years	s months days 3. RESIDENCE OF FATH	
4. FULL NAME Juy Ma	Agately/Dickstrad (Mon	of Birth of Child th, day, year) <b>Manually, 189</b>
6. Sex female 7. Twin or Triplet	() If so—born 8. No. months 1st, 2nd, 3rd of Pregnad	3 0
FATHER OF C  10. FULL NAME Alexande  11. Color or Race Alexande  13. Birthplace Symptom (City or flown)	Age at time of THIS birth 2 yrs.  16. FULL MAJDEN NAME 17. Color or Race 17. Color or Race 18. Full Majoren	THER OF CHILD  18. Age at time of THIS birth  (State or foreign country) (State or foreign country)
14. Exact Occupation 15. Industry or Business	20. Exact Occupation 21. Industry or Business	
	event Ophthalmia Neonatorum	
23. Number of children of this mo	other: (a) At time of birth and including this child	. (b) Born alive and now living?
	ATTENDANT'S CERTIFICATE	
24. I HEREBY CERTIFY That I	attended the birth of this child, who was(Born alive, stillb, and that personal particulars were furnished by(Fi	at
24. I HEREBY CERTIFY That I and at the place stated above, related to this child as	attended the birth of this child, who was(Born alive, stillb, and that personal particulars were furnished by	at
24. I HEREBY CERTIFY That I and at the place stated above, related to this child as	attended the birth of this child, who was	at
24. I HEREBY CERTIFY That I and at the place stated above, related to this child as	attended the birth of this child, who was (Born alive, stillb, and that personal particulars were furnished by (Final M.D. Midwife Address  AFFIDAVIT to be completed (Mother, etc.)  years of age, that I have known this personal attended the birth of this child, who was (Born alive, stillb, and that personal particulars were furnished by (Final M.D. Address)  (Mother, etc.)	Date  ed when the attendant does not sin Item 25. of the person whose name appears for
24. I HEREBY CERTIFY That I  and at the place stated above, related to this child as	ATTENDANT'S CERTIFICATE  attended the birth of this child, who was (Born alive, stille), and that personal particulars were furnished by (Finance)  M.D. Midwife Address  AFFIDAVIT to be completed (Mother, etc.)  years of age, that I have known this personal particulars were furnished by (Mother, etc.)  years of age, that I have known this personal particular were furnished by (Is now deceased) or (Is now deceased) or (Is now deceased)	Date  Date  cd when the attendant does not sin Item 25.
24. I HEREBY CERTIFY That I  and at the place stated above, related to this child as	ATTENDANT'S CERTIFICATE  attended the birth of this child, who was (Born alive, stillib, and that personal particulars were furnished by (Final Mark Midwife Address)  M.D. Midwife Address  AFFIDAVIT to be completed (Mother, etc.)  years of age, that I have known this personal particulars were furnished by (Mother, etc.)  years of age, that I have known this personal particular and the final personal particular and personal particular and personal particular and personal particulars were furnished by (Final Midwife Address)  AFFIDAVIT to be completed the personal particular and personal particular and personal particular and personal particulars were furnished by (Final Midwife Address)  (Mother, etc.)  years of age, that I have known this personal particular and personal particular	Date  Date  d when the attendant does not sin Item 25.  of the person whose name appears for years, and the control of the located of the loc
24. I HEREBY CERTIFY That I  and at the place stated above, related to this child as	ATTENDANT'S CERTIFICATE  attended the birth of this child, who was (Born alive, stille), and that personal particulars were furnished by (Find M.D. Midwife Address  AFFIDAVIT to be completed (Mother, etc.)  years of age, that I have known this personal particulars were furnished by (Mother, etc.)  years of age, that I have known this personal particular in the personal	Date  Compared to the attendant does not sin Item 25.  Compared to the person whose name appears on for the person whose name appears and the compared to the person whose name appears to have this birth recorded under the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears and the compared to the person whose name appears are the person whose name appears and the compared to the person whose name appears are the person whose name appear

APR 1-8 1945

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	268-108014-366			State File No.348071.
. <u> </u>			of date of birth of THIS child)	Local Reg. No.
Ē	Department of Commerce	STATE OF		Reg. Dist. No
8	Bureau of the Census		·	
for filing. Each	1. PLACE OF BIRTH (All items at time of this birth  (a) County CARYON (b) City Namps  (c) Street Address or R.F.D. No. 10 Street  (d) Name of Hospital or Maternity Home:  NOTE  (e) Mother's stay BEFORE delivery:  IN THIS county 2 years months	days	(c) City Nampa	(b) County Canyon
to charge for		uays		
charge	4. FULL NAME Sidney Dillon Boys	er	(Month, day	h of Child Feb. 8.1891
5	7. Twin or	If so-born	8. No. months	
ŝ	6. Sex Male Triplet No	1st, 2nd, 3rd	of Pregnacy Ni	ne 9. Legitimate? Yes
÷	FATHER OF CHILD	•	4.6	OF CHILD
<u> </u>	10. FULL Joseph Henry Boyer	İ	16. FULL MAIDEN Mary E	llen Loomis
for fi	11. Color or Race Thite of THIS birth A	/.3 yrs.	17. Color	18. Age at time of THIS birth wrs.
Š,	13. Birthplace (Giv or town) (State or foreign	country)	(City or town)	(State or foreign country)
를	14. Exact Occupation  Garmer		20. Exact Occupation HOUSE	ife
š :	15. Industry or (7)	•••••	21. Industry or House Business	
ğ . <u>ë</u>			<del>,                                </del>	
	22. Name prophylactic used to prevent Ophthalmia			
	23. Number of children of this mother: (a) At time			orn alive and now living
sy ord	24. I HEREBY CERTIFY That I attended the bir	ATTENDANT'S rth of this chi	ld, who was Alive at	2:00 Am. on the date
, mon	and at the place stated above, and that person related to this child as Sister	nal particulars	were furnished by Delilah (First name	E. Barry , who is
: Ē	25. Attendant's	M.D.		
5	OWN signature	Midwife	Address	Date
ř Ē	State of County of State of St		AFFIDAVIT to be completed whe in Item	n 25.
=	I, the undersigned, being first duly sworn, say	that I am the.	of t	he person whose name appears
aymer	in Item 4, above, that I am now 2	ars of age, tha	at I have known this person for shirth.	I further state that
	(First name) (Last name)		(Is now deceased) or (Cannot b	e located)
Ę	the facts on the certificate above are true to the Chapter 139, 1937 Session Laws.			
출	in in a washed	20	elilah & Bar	
E	Jan 22 - 1944	41 1. 13.1.5	O. S. 13th Salem	CALGON P. O. Address
8	A to the second and a second as the first and a second at the second at	day of	June	19.42
	(SEAL) Nemellik:	Kauda	Notary Public, residing	at Salem Gregory
	(Note: Perjury is punishable as a felony in Id	aho; see Sec.	17-914, Idaho Code Annotated.)	
00 Pea	Received for filing on JUN 12 1949		b <b>y</b>	, Registrar.

DEC 4 184

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sure the Department of Commerce	CERTIFICATE	of date of birth of THIS child OF BIRTH	State File NoLocal Reg. No
Bureau of the Census	STATE OF		Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this (a) County Freemont (b) City M (c) Street Address or R.F.D. No	enan	(a) State Menan (c) City Menan (d) Street Address or R (e) How long has MOTI 3. RESIDENCE OF FATHER	AOTHER (At time of this birth (b) County.Freemont  L.F.D. No
4. FULL NAME Emmett L. Poole,			Birth of Child 4-7-91
6. Sex Male 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months	9 9. Legitimate? Ye.s.
FATHER OF CHILD		мотн	ER OF CHILD
10. FULL John Ralston Poole		16. FULL MAIDEN Harrie	et Bitten
11. Color White 12. Age at time or Race	e 50 rthyrs.	17. Color WhatA	18. Age at time 36 configuration of THIS birth configuration (State or foreign country)
(City or town) (State or f	foreign country)	ZU HXRCE TION	raomi Po
14. Exact Farmer Occupation	1	Occupation	raemītē
	***************************************	Ot To do others are	***************************************
15. Industry or Business		21. Industry or Business	
15. Industry or Business		21. Industry or Business	
15. Industry or Business		21. Industry or Business	
15. Industry or		21. Industry or Business Do not know.  I including this child	
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to prevent Ophths</li> <li>23. Number of children of this mother: (a) A</li> </ul>	almia Neonatorum. It time of birth and	21. Industry or Business Do not know.  I including this child	Born alive and now living
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to prevent Ophths</li> <li>23. Number of children of this mother: (a) A</li> <li>24. I HEREBY CERTIFY That I attended th</li> </ul>	almia Neonatorum.  It time of birth and  ATTENDANT'S  he birth of this chil	21. Industry or Business Do not know.  I including this child	atM. on the
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to prevent Ophtha</li> <li>23. Number of children of this mother: (a) A</li> <li>24. I HEREBY CERTIFY That I attended the and at the place stated above, and that prelated to this child as</li></ul>	ATTENDANT'S the birth of this chippersonal particulars	21. Industry or Business Do not know.  I including this child	atM. on the
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to prevent Ophthis</li> <li>23. Number of children of this mother: (a) A</li> <li>24. I HEREBY CERTIFY That I attended the and at the place stated above, and that prelated to this child as (Mother, etc.)</li> <li>25. Attendant's</li> </ul>	Almia Neonatorum.  At time of birth and  ATTENDANT'S  the birth of this child  personal particulars  c.)  M.D.	21. Industry or Business Do not know.  I including this child	atM. on the
<ul> <li>15. Industry or Business</li> <li>22. Name prophylactic used to prevent Ophtha</li> <li>23. Number of children of this mother: (a) A</li> <li>24. I HEREBY CERTIFY That I attended the and at the place stated above, and that prelated to this child as (Mother, etc.)</li> <li>25. Attendant's OWN signature)</li> </ul>	almia Neonatorum.  It time of birth and  ATTENDANT'S  The birth of this children of the control	21. Industry or Business Do not know.  I including this child	atM. on the
15. Industry or Business  22. Name prophylactic used to prevent Ophths  23. Number of children of this mother: (a) A  24. I HEREBY CERTIFY That I attended th  and at the place stated above, and that p related to this child as	Almia Neonatorum.  It time of birth and  ATTENDANT'S  the birth of this childrensonal particulars  E.)  M.D.  Midwife	21. Industry or Business Do not know.  I including this child	at
15. Industry or Business  22. Name prophylactic used to prevent Ophtha  23. Number of children of this mother: (a) A  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that prelated to this child as (Mother, etc.)  25. Attendant's OWN signifure  State of S	ATTENDANT'S the birth of this childrensonal particulars  medical control of the c	21. Industry or Business Do not know.  I including this child	at
15. Industry or Business  22. Name prophylactic used to prevent Ophtha  23. Number of children of this mother: (a) A  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that prelated to this child as (Mother, etc.)  25. Attendant's OWN signifure  State of S	almia Neonatorum.  At time of birth and  ATTENDANT'S  the birth of this chil  personal particulars   M.D.  Midwife	21. Industry or Business Do not know.  I including this child	at
15. Industry or Business  22. Name prophylactic used to prevent Ophtha  23. Number of children of this mother: (a) A  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that prelated to this child as (Mother, etc.)  25. Attendant's OWN significant (Mother, etc.)  State of St	almia Neonatorum.  At time of birth and  ATTENDANT'S  the birth of this chil  personal particulars   M.D.  Midwife	21. Industry or Business Do not know.  I including this child	at
15. Industry or Business  22. Name prophylactic used to prevent Ophtha  23. Number of children of this mother: (a) A  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that prelated to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of (Sounday of County of Co	ATTENDANT'S the birth of this children o	21. Industry or Business Do not know.  I including this child	at
15. Industry or Business  22. Name prophylactic used to prevent Ophtha  23. Number of children of this mother: (a) A  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that prelated to this child as (Mother, etc.)  25. Attendant's OWN significant (Mother, etc.)  State of St	Almia Neonatorum. At time of birth and ATTENDANT'S the birth of this children of the ch	21. Industry or Business Do not know.  I including this child	at
15. Industry or Business  22. Name prophylactic used to prevent Ophtha 23. Number of children of this mother: (a) A 24. I HEREBY CERTIFY That I attended the and at the place stated above, and that prelated to this child as (Mother, etc. 25. Attendant's OWN signature)  State of (Same Prophylactic used to prevent Ophtha 25. Attendant's OWN signature)  I, the undersigned, being first duly sworn, in Item 4, above, that I am now (Last name) the facts on the certificate above are true to Chapter 139, 1937 Session Laws.	ATTENDANT'S the birth of this children of the this children of the best of my known of	21. Industry or Business Do not know.  I including this child	at
15. Industry or Business  22. Name prophylactic used to prevent Ophtha 23. Number of children of this mother: (a) A 24. I HEREBY CERTIFY That I attended the and at the place stated above, and that prelated to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of St	ATTENDANT'S the birth of this children of the this children of the best of my known of the best of my k	21. Industry or Business  Do not know.  I including this child	at
15. Industry or Business  22. Name prophylactic used to prevent Ophtha 23. Number of children of this mother: (a) A 24. I HEREBY CERTIFY That I attended the and at the place stated above, and that prelated to this child as (Mother, etc. 25. Attendant's OWN signature)  State of Ss. I, the undersigned, being first duly sworn, in Item 4, above, that I am now (Last name) the facts on the certificate above are true to Chapter 139, 1937 Session Laws.	ATTENDANT'S the birth of this children of the this children of the best of my known of the best of my k	21. Industry or Business  Do not know.  I including this child	Date  when the attendant does not litem 25.  of the person whose name apply years, and liter state not be located)  of have this birth recorded to liter 25.  California at a California and literature of the located of literature and literature an

(1937 Session Laws, Chapter 139, Section 4)

493 21904/112 State File No. 348385 United States (Be sure the information is as of date of birth of THIS child) Local Reg. No..... Department of Commerce CERTIFICATE OF BIRTH Bureau, of the Census STATE OF IDAHO Reg. Dist. No. 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BIRTH (All items at time of this birth) (a) County Canyon (b) City Caldwell (a) State School (b) County Canyon (c) Street Address of R.F.D. No..... (c) City Caldwell (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..../ \_\_\_\_\_vrs (e) Mother's stay BEFORE delivery: IN THIS county /6 years months 3. RESIDENCE OF FATHER (city, state) days 4. FULL NAME 5. Date of Birth of Child (Month, day, year) Mar. OF CHILD..... If so—born 7. Twin or 8. No. months 6. Sex 7 Triplet 1st, 2nd, 3rd of Pregnacy 9. Legitimate? 4 EQ FATHER OF CHILD. MOTHER OF CHILD 16. FULL MAIDEN 10. FULL Toduran NAME NAME..... 18. Age at time 11. Color 12. Age at time 17. Color or Race. of THIS birth A 19. Birthplace TELLO 13. Birthplace Jan (State or foreign country) (City or town) (City or town) 14. Exact 20. Exact Occupation Housen Occupation .. 15. Industry or 21. Industry or outrac **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as (Mother, etc.) 25. Attendant's M.D. **OWN** signature Midwife Address Date State of Idatio AFFIDAVIT to be completed when the attendant does not sign County of ..... in Item 25. I, the undersigned, being first duly sworn, say that I am the ..... .....of the person whose name appears (Mother, etc.) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this .... day of Lice 19×2 (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914) Rock Colle Annotated. Received for filing on.....

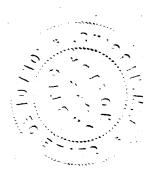
(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

£

35	101008 - 35,5	348433 348433
nvelope ertified	United States $\frac{JUN}{N}$ 2 4 (Be sure the information is as a Department of Commerce Bureau of the Census STATE OF	of date of birth of THIS child) State File No E OF BIRTH Local Reg. No
TED certificate in e for filing. Each c	1. PLACE OF BIRTH (All items at time of this birth)  (a) County Boise (b) City Placerville  (c) Street Address or R.F.D. No.  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery:  IN THIS county years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State
Mail COMPLETED ng. No charge for	4. FULL NAME OF CHILD William Emmett Leary 7. Twin or If so—born	5. Date of Birth of Child (Month, day, year) Nova 1, 1891
8 2	6. Sex Male Triplet 1st, 2nd, 3rd	of Pregnacy 9. Legitimate? yes
. 3	FATHER OF CHILD  10. FULL Michael Leary NAME	MOTHER OF CHILD  16. FULL MAIDEN NAME Mary Leehan
certificate. aho, for fi	11. Color 12. Age at time or Race white of THIS birth yrs.  13. Birthplace (City or town) (State or foreign country)	17. Color 18. Age at time or Race
ng this coise, Idal	14. Exact Occupation Miner  15. Industry or Business	20. Exact Occupation Housewife 21. Industry or Business
completi istics, Bo er or coi	<ul><li>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</li><li>23. Number of children of this mother: (a) At time of birth and</li></ul>	
on in al Stat ey ord	ATTENDANT'S 24. I HEREBY CERTIFY That I attended the birth of this chi	
er ribt of Vit	and at the place stated above, and that personal particulars related to this child as(Mother, etc.)	s were furnished by, who is  (First name) (Last name)
pewrit ureau y cents	25. Attendant's M.D. OWN signature Midwife	Address Date
cord ty tate B of fift	County of	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
ACK Regarded to Sayment	in Item 4, above, that I am now / vears of age, the	
nk or BL ASS post dvance p	the facts on the certificate above are true to the best of my king Chapter 139, 1937 Session Laws.	
BLACK IFIRST-CL	Subscribed and sworn to before me this 2.4 day of	L14213 75 and p. O. Address
ring by requ	(Note: Perjury is punishable as a felope in Laho; see Sec. 1	17-914, Idaho Code Annotated.)
3 5 S	Received for filing on JUN 24 1942	by Male T Elder Registrar

(1937 Session Laws, Chapter 139, Section 4)



	294 213 045 419		2/2515
2.5	United States (Be sure the information is as		State File No. 20010
i i	Department of Commerce CERTIFICATI		Local Reg. No
	Bureau of the Census STATE O		Reg. Dist. No
certificate in r filing. Each	1. PLACE OF BIRTH (All items at time of this both)  (a) County (b) City (c) Street Address or R.F.D. No.  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery:	(c) City(d) Street Address or R.F.J	HER (At time of this birth) (b) County
띮우	IN THIS county years months days	3. RESIDENCE OF FATHER (cit	
s certificate. Mail COMPLETED daho, for filing. No charge for	7. Twin or If so—born 6. Sex Triplet 1st, 2nd, 3rd  FATHER OF CHILD  10. FULL NAME  11. Color or Race of THIS birth 2 yrs.  13. Birthplace (Chrostown) (State or foreign country)	16. FULL MADEN NAME A  17. Color or Race 19. Birthplace (City or town)	9. Legitimate? 4.0  9. Legitimate? 4.0  18. Age at time of THIS birth yrs.  (State or foreign country)
<b>#</b>	Occupation Washington	Occupation	seurefl
Big.	15. Industry or Business	21. Industry or Business	
. <u>ē</u> 8 §	22. Name prophylactic used to prevent Ophthalmia Neonatorum.		
E i o	23. Number of children of this mother: (a) At time of birth an		
	ATTENDANT'S		on anve and now hving
e St.	24. I HEREBY CERTIFY That I attended the birth of this chi	<del></del>	35 am 45 a 3a4a
	22. I HEREBI CERTIFI That I attended the birth of this ch	(Born alive, stillborn)	
ter rib	and at the place stated above, and that personal particular related to this child as(Mother, etc.)	s were furnished by(First name	(Last name) (Last name)
	25. Attendant's M.D. Midwife Midwife	Address	Date
101	State of Marshane Can		
cord frate	County of Ss.	AFFIDAVIT to be completed when in Item	25.
2 2	I, the undersigned, being first duly sworn, say that I am the		ne person whose name appears
N E	in Item 4 above, that I am now	at I have known this person for	
A S S	(First name) (Last name)	(Is now deceased) or (Cannot be	located). I further state that
	the facts on the certificate above are true to the best of my ki		
ASS Ass	Chapter 139, 1937 Session Laws.	hale to so	Giorno trono
A 다음	Subsciribed and swam to before me this	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Signature P. O. Address
BLA FIRS uires	aduscined and sworn to before me dayday or	Notary Public, residing a	
ng a	(Note: Perjury is punishable as a felony in Idaho; see Sec.		
Use ( bearii	Received for filing on JUN 18 1942	Malan C. V. S.	, Registrar
5			

(1937 Session Laws, Chapter 139, Section 4)

	ited States partment of Commerce reau of the Census	CERTIFICATE STATE OF		State File No
(	PLACE OF BIRTH (All items at tim  (a) County	y Home:	(c) City	. (b) County Andha.  D. No.  R lived in Idaho? 13
4. [	FULL NAME Shamus	i adua. Pee	5. Date of Bir (Month, de	
6. 5	Sex Mull 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy	9. Legitimate? 4
11. 13. 14.	or Race WMU of Birthplace MM	e at time THIS birth 2 (c yrs.  (State or foreign country)	16. FULL MAIDEN NAME  17. Color or Race Multiple  19. Birthplace Multiple (Offy or town)	18. Age at time 18. Age at time 19. Of THIS birth 9. 9. 14. 14. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
	Name prophylactic used to preven			
23.	Number of children of this mother	r: (a) At time of birth and	including this child(b)	Born alive and now living
24.	I HEREBY CERTIFY That I at		d, who washornaliveat	
		Mother, etc.)	were furnished by	(Last name)
25.	Attendant's OWN signature	M.D. Midwife	Address	Date
Sta	own signature  ite of Idaho unty of Oneida	Midwife	FFIDAVIT to be completed whin Ite	en the attendant does not a m 25.
Sta Cou	own signature  ite of	Midwife	### Completed when in Ite ### Completed when in Ite ### Complete ### C	en the attendant does not m 25.  the person whose name app
Sta Cou	Idaho  Ite of	ss.  A  ly sworn, say that I am the  8 years of age, that mame) be true to the best of my known at this say of	### Completed when in Ite ### Completed when in Ite ### Complete ### Completed when in Ite ### Complete ### C	en the attendant does not m 25.  the person whose name app

(1937 Session Laws, Chapter 139, Section 4)

	689-126-020-689 (Box		348690
2.5	United States (De s	ure the information is as of date of birth of THIS ch	•
Į.	Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No
5 8	Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
e in	1. PLACE OF BIRTH (All items at time (a) County Elmare (b) C		F MOTHER (At time of this birth)  (b) County Elmone Co
ᇹ .	(c) Street Address or R.F.D. No		ky Bar Boise
ŧ.	(d) Name of Hospital or Maternity	Home:	•
5 🗷		(d) Street Address of	r R.F.D. No
e fe	(e) Mother's stay BEFORE delivery: IN THIS county years	(e) How long has Moments days 3. RESIDENCE OF FATHER	OTHER lived in Idaho? 30 about R (city, state) Idaho. Boise
APLE harg	4. FULL NAME William'S	nelling White 5. Date (Mont	of Birth of Child, th, day, year) 26, 26, 1891
82	6. Sex Male 7. Twin or Triplet	If so—born 8. No. months 1st, 2nd, 3rd of Pregnac	~ 10
	FATHER OF CHIL	D MO	THER OF CHILD
7 <u>.5</u>	10. FULL Jaseloh Green	e Hhite 16. FULL MAIDEN Jul	ia Emma White
icate or fi	11. Color / 12. Age	at time HIS birth 49 yrs.  17. Color or Race White	18. Age at time of THIS birth 35 vrs.
ŧ,	13. Birthplace Odessa M	19. Birthplace Jacks	mville Ovegon
몽폴	14 Exact	(State or foreign country) (City or	town) (Statefor foreign country)
	Occupation Mining the	refact Occupation	me or house keeping
ng t pise,	15. Industry or Serra Karfar	21. Industry or Business	
E S	<u> </u>	Ophthalmia Neonatorum	
E S. o		: (a) At time of birth and including this child	
o ta b		ATTENDANT'S CERTIFICATE	tu, — tu distribution in the second s
at St.	24. I HEREBY CERTIFY That I atte	ended the birth of this child, who was(Born silve, stillbo	at
id in a second	and at the place stated above, and related to this child as	that personal particulars were furnished by(Fir	st name) (Last name)
÷ . ŧ	α	fother, etc.)	, , , , , , , , , , , , , , , , , , ,
	25. Attendant's OWN signature	M.D. Midwife Address	Date
₹ <u>8</u> 4			
P at #	State ofCounty of	ss.	d when the attendant does not sign n Item 25.
at Se		sworn, say that I am the Section (Mother, etc.)	<i>T</i> 0.
X 2 E	in Item 4, above, that I am now	years of age, that I have known this person	on for Suita-five years, and that
<b>MARK</b>	Marg	who attended this birth Message	I further state that
E 8 8	(First perne) (Last n	ame) (Is now deceased) or (C true to the best of my knowledge, and that I desir	cannot be located)
SS	Chapter 139, 1937 Session Laws.		<b>- /</b> //
三氢氢	- ,	Many legt	on I hitoon Signature
X고 =	N. Carlotte and Ca	131514	H. Uve., P. O. Address
₹SE	Subscribed and sworn to before m	e this day of	1942 femolen Ad
<b>CE</b>	(SEAL) Mamil	Notary Public, res	iding at Learnton
ie Br		felony in Idaho; see Sec. 17-914, Idaho Code Annota	
eari opy	Received for filing on JUN 18 19	₩.	Registrar.
ت مج	received for timing off	by.	, registrar.

JUN 3 0 1842

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census		TE OF BIRTH OF IDAHO	Local Reg. No Reg. Dist. No
(a) County (a) (c) Street Address or R.F.D. N (d) Name of Hospital or Mater  (e) Mother's stay BEFORE deliv IN THIS county year	b) City	(a) State do la (c) City (d) Street Address or	R.F.D. No
4. FULL NAME of	can Recrist	5 Date of	Birth of Child
OF CHILD 7. Twist or 6. Sex Male Typlet	If so Aborn 1st, 2nd, 3rd	8. No. months	day, year)
10. FULL MAME Value Meffer 11. Color or Race Male (City or town)  14. Exact Occupation for arms 15. Industry or Business  15. Arms Arms 16. Arms 17. Arms 18. Arms 18	Age at time of THIS birth 39 yrs.  (State or foreign country)	17. Color or Race	18. Age at time 3 of THIS birth 3 wn) (State or foreign c
22. Name prophylactic used to pre	event Ophthalmia Neonatorum	X	<i>U</i>
23. Number of children of this mo	ther: (a) At time of birth ar	nd including this child	(b) Born alive and now living
24. I HEREBY CERTIFY That I and at the place stated above related to this child as	attended the birth of this ch and that personal particular	rs were furnished by	at 6 P M on  in Last 1 Miller  (Last name)
25. Attendant's OWN signature	M.D. Midwife	e Address	Date
OWN signature  State of Idaho County of Francist	M.D. Midwife	AFFIDAVIT to be completed in	
State of Idaho County of Frequency I, the undersigned, being first in Item Jabove, that I am now	M.D. Midwife	AFFIDAVIT to be completed in	when the attendant does Item 25.  of the person whose name for years,
State of Idaho County of Frequency I, the undersigned, being first in Item Jabove, that I am now	M.D. Midwife    Ss.     duly sworn, say that I am the     years of age, the     align=     ast name	AFFIDAVIT to be completed in the second seco	when the attendant does Item 25.  of the person whose name for years,  I further so nanot be located) to have this birth records
State of Idaho County of Franciscont I, the undersigned, being first in Item Jabove, that I am now  (First name) the facts on the certificate above Chapter 139, 1937 Session Laws.	M.D. Midwife    Ss.     duly sworn, say that I am the years of age, the year sof age, the last name)     are true to the best of my keep this   American depth     this   American depth     depth   depth   depth     M.D. Midwight     state   last name     depth   depth   depth     depth   depth   depth   depth     depth   depth   depth   depth     depth   depth   depth   depth   depth   depth     depth   depth   depth   depth   depth   depth     depth   depth   depth   depth   depth   depth     depth   depth   depth   depth   depth   depth     depth   depth   depth   depth   depth   depth   depth     depth	AFFIDAVIT to be completed in St. (Mother, etc.) nat I have known this person is birth. (Is now deceased) or (Canowledge, and that I desire St. Anthony, June	when the attendant does Item 25.  of the person whose name for years, I further so mot be located) to have this birth recorded  I dah o RD#2 P.O.  19.42
OWN signature  State of Idaho County of Franchit  I, the undersigned, being first in Item 4 above, that I am now  (First name) the facts on the certificate above Chapter 139, 1937 Session Laws.	M.D. Midwife    Ss.     duly sworn, say that I am the years of age, the year sof age, the last name)     are true to the best of my keep this   American depth     this   American depth     depth   depth   depth     M.D. Midwight     state   last name     depth   depth   depth     depth   depth   depth   depth     depth   depth   depth   depth     depth   depth   depth   depth   depth   depth     depth   depth   depth   depth   depth   depth     depth   depth   depth   depth   depth   depth     depth   depth   depth   depth   depth   depth     depth   depth   depth   depth   depth   depth   depth     depth	AFFIDAVIT to be completed in St. (Mother, etc.) nat I have known this person is birth. (Is now deceased) or (Canowledge, and that I desire St. Anthony, June	when the attendant does Item 25.  of the person whose name for years, I further so mot be located) to have this birth recorded  I dah o RD#2 P.O.  19.42

(1937 Session Laws, Chapter 139, Section 4)

	318-218022815		35004
2 2	· ·	ormation is as of date of birth of THIS chile	i) State File No
<u>≅</u> #	Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No
F S	Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
ificate. Mail COMPLETED certificate in envelop for filing. No charge for filing. Each certifie	1. PLACE OF BIRTH (All items at time of this bir (a) Countyt.e	2. USUAL RESIDENCE OF  (a) State  (c) City  (d) Street Address or I  (e) How long has MOT  3. RESIDENCE OF FATHER  (Month  1st, 2nd, 3rd  16. FULL MAIDEN  NAME  17. Color  Person  17. Color  Person  18. No. months  of Pregnacy	MOTHER (At time of this birth)  (b) County. Transcription  R.F.D. No
b,	13. Birthplace (City or town) (State or forei	gn country) 19. Birthplace (City or to	wn) (State or foreign country)
ing this coise, Idal	14. Exact Occupation 15. Industry or Business	20. Exact Occupation 21. Industry or Business	
5 m S	22. Name prophylactic used to prevent Ophthalm	ia Neonatorum	
투장이	23. Number of children of this mother: (a) At ti		_
3 1 2		ATTENDANT'S CERTIFICATE	
bon in tal Sta tey or	24. I HEREBY CERTIFY That I attended the b		.atM. on the date
iter ribling of Virts, mor	and at the place stated above, and that pers related to this child as(Mother, etc.)	(First	name) (Last name) who is
ewr.	25. Attendant's OWN signature	M.D. Midwife Address	Date
ord typeste Burner	State of County of Quelly Ss.	AFFIDAVIT to be completed in	when the attendant does not sign Item 25.
Sta	I, the undersigned, being first duly sworn, say	that I am the Mother	of the person whose name appears
SLACK stage to paymer	in Item 4, above, that I am now	no attended this birth	I further state that
ok or l	the facts on the certificate above are true to the Chapter 139, 1937 Session Laws.	e best of my knowledge, and that I desire	to have this birth recorded under
72.		<u> </u>	P. O. Address
ACI ST	Subscribed and sworn to before me this	4th day of fune	
FIR.	(SEAL)	6 Walfe D. Notary Public, resid	ing at Lot accorder bet
red L	(Note: Perjury is punishable as a felony in I	daho; see Sec. 17-914, Idaho Code Annotate	d.)
se o sarin			der
۵ ă c	Received for filing on JUN 2.6. 1942	oy I i i i i i i i i i i i i i i i i i i	Registrar

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sure the information is as of Department of Commerce CERTIFICATI	E OF BIRTH Local Reg. No
(a) County Boise (b) City Long Valley (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State Idaho (b) County Boise  (c) City Long Valley  (d) Street Address or R.F.D. No
IN THIS county years months days	3. RESIDENCE OF FATHER (city, state) 5. Date of Birth of Child
of CHILD Albert Lone Cole	
6. Sex Marle 7. Twin or Triplet No If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy 9 9. Legitimate? Yes
FATHER OF CHILD  10. FULL  NAME  Jerome Howard Cole  11. Color  or Race  White  12. Age at time  or Race  of THIS birth  13. Jyrs.  13. Birthplace  Cass County  Towa  (City or town)  (State or foreign country)  14. Exact  Occupation  Fermer  15. Industry or  Business  Farming  22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child as  and at the place stated above, and that personal particular related to this child as  (Mother, etc.)	MOTHER OF CHILD  16. FULL MAIDEN Henrietta Carpenter  17. Color 18. Age at time of THIS birth 21 yrs  19. Birthplace Atchison County Missouri (City or town) (State or foreign country)  20. Exact (City or town) (State or foreign country)  21. Industry or Business Housewife  21. Industry or Business Housewife  None  d including this child 2 (b) Born alive and now living 2
25. Attendant's M.D.  OWN signature Midwife	e Address Date
I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now	is birth is now deceased. I further state that (Is now deceased) or (Cannot be located) in the condense of the
	Department of Commerce Bureau of the Census  1. PLACE OF BIRTH (All items at time of this birth) (a) County Bolsa. (b) City Long Valley (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: None (e) Mother's stay BEFORE delivery: IN THIS county years months days  4. FULL NAME OF CHILD. Albert Ione Cole 6. Sex MFle 7. Twin or If so—born 1st, 2nd, 3rd  10. FULL NAME Jeroma Howard Cole 11. Color or Race White of THIS birth 33 yrs. 13. Birthplace Cass County Towa 14. Exact Occupation Fermer 15. Industry or Farming 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth ar ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child as and at the place stated above, and that personal particular related to this child as (Mother, etc.)  State of Oregon State of the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the certificate above are true to the best of my let the properties of the proper

(1937 Session Laws, Chapter 139, Section 4)



	243 230028 2/3		350961	
22	United States (Be sure the information is	as of date of birth of THIS child)	State File No. 350261	
윰똪	Department of Commerce CERTIFIC	CERTIFICATE OF BIRTH		
	Bureau of the Census STATE	OF IDAHO	Reg. Dist. No	
E fi	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MO	THER (At time of this birth)	
2 🖁	(a) County Rootenet (b) City SAND POINT	(a) State I DA H O	(b) County KO OF ENA	
<u>. 2</u>	(c) Street Address or R.F.D. No.			
ĮĮ.	(d) Name of Hospital or Maternity Home:	t .	'.D. No	
8 Œ				
F 호	(e) Mother's stay BEFORE delivery: IN THIS county 7 years months days		R lived in Idaho?7yrs. ity, state)	
Mail COMPLETED 19. No charge for	4. FULL NAME DORA FLLEN SULLIVAN 5. Date of Birth of Child (Month, day, year) MAY-30-1891			
Š.	7. Twin or If so bo	orn 8. No. months		
Zž	6. Sex FEMALE Triplet 1st, 2nd,	3rd of Pregnacy	9. Legitimate? VES.	
¥ ò	FATHER OF CHILD		OF CHILD	
.≝	10. FULL JOHN THOMAS SULLIVAN	NAME MAIDEN TAHA	LIAJANESALLEE	
certificate aho, for fi	11 Colon 10 Age of time	17. Color	18. Age at time	
ije P	or Race WHITE 12. Age at time of THIS birth 2 8 yrs	or Race VV.H.I.T.F	18. Age at time of THIS birth 2.4 yrs. YER WASHINGTON	
F Ç	13. Birthplace (City or town) (State or foreign country)	(City or town)	(State or foreign country)	
S 18	14 17	00 17	USEWLFE.	
₹_	Occupation XARD FORE MAIN  15. Industry or	91 Industry or	D S E W   I E	
Bigin	Business NORTHERN ACIFIC. ITY	Business		
£ 0.0	22. Name prophylactic used to prevent Ophthalmia Neonatorum			
E i o	23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living. 5			
8 = 5	Both anve and now hving.			
E \$ 9		IT'S CERTIFICATE	36 43 3.4	
2 = 5	24. I HEREBY CERTIFY That I attended the birth of this	(Born alive, stillborn)		
of rib	and at the place stated above, and that personal partice related to this child as(Mother, etc.)	ulars were furnished by(First name	ne) (Last name) who is	
T = T	25. Attendant's M.D.			
650		wife Address	Date	
F. F	State of California county of LOS Angeles	in Ite	nen the attendant does not sign em 25.	
\$ 2 ±	I, the undersigned, being first duly sworn, say that I am	the Mother of	the person whose name appears	
X 2 5	in Item 4, above, that I am now74years of age	(Mother, etc.) that I have known this person for	r 50 years and that	
ABE	I further state that			
H 45 G	Mrs Baldwin , who attended (First name)	(Is now deceased) or (Cannot	be located)	
9 A E	the facts on the certificate above are true to the best of m	y knowledge, and that I desire to	have this birth recorded under	
ASS &	Chapter 139, 1937 Session Laws.	malaha Done -	ullian Signature	
조약 [	128	O N.Cahuenga Bv.Los	Angeles, Calo O Address	
₽¥.	Subscribed and sworn to before me_this27th_day	- d Jine	10. 42	
A SE	COTATA	Naham Dukka	, 1531 N Wilcox	
÷	(SEAL)  My Commission Expires Jan. 1119  (Note: Perjury is punishable as a felony in Idaho; see S	Notary Public, residing	TOO ADDOLOG Col	
P.E.Y	(Note: Ferjury is punishable as a felony in Idano; see S	ec. 11-914 Agano Code Annotated A	Tos wukeres, car	
200	Received for filing on UN 2.9. 1947	by Hary of 6 has	Registrar.	
1	The second secon			

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	nformation is as of date of bi CERTIFICATE OF BIRTH STATE OF IDAHO	Lo Lo	cal Reg. Nog. Dist. No
1. PLACE OF BIRTH (All items at time of this is (a) County	10use (a) Sta (c) Cit (d) Sta (e) Ho	residence of Mother iteIdaho	county.Latah  o3
4. FULL NAME Herbert Monroe Kn	ox	P To 1 0 TO 1-15 0	Child
6. Sex Male 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy 9	9. Legitimate? Type
11 Color 12 Age at time	th 23 yrs. 17. Color or Ra 19. Birth 17. Color or Ra 19. Birth 20. Exact	ce	Age at time of THIS birth
22. Name prophylactic used to prevent Ophthal		· · · · · · · · · · · · · · · · · · ·	•••••
23. Number of children of this mother: (a) At 24. I HEREBY CERTIFY That I attended the	mia Neonatorumtime of birth and including t ATTENDANT'S CERTIFICATE birth of this child, who was	his child2 (b) Born  Eat	alive and now living5
<ul> <li>23. Number of children of this mother: (a) At</li> <li>24. I HEREBY CERTIFY That I attended the and at the place stated above, and that perelated to this child as (Mother, etc.)</li> </ul>	mia Neonatorumtime of birth and including t ATTENDANT'S CERTIFICAT birth of this child, who was rsonal particulars were furni	his child2 (b) Born  Eat	alive and now living5
23. Number of children of this mother: (a) At  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that pe related to this child as	mia Neonatorumtime of birth and including t  ATTENDANT'S CERTIFICAT birth of this child, who was rsonal particulars were furni	his child2 (b) Born  Eat	alive and now living
23. Number of children of this mother: (a) At  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that pe related to this child as  (Mother, etc.)  25. Attendant's OWN signature  State of	mia Neonatorumtime of birth and including t  ATTENDANT'S CERTIFICAT birth of this child, who was rsonal particulars were furni  M.D. Midwife Address  AFFIDAVIT	his child2 (b) Born  E	
23. Number of children of this mother: (a) At  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that pe related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. OWN signature  State of Idaho Sss.  I, the undersigned, being first duly sworn, sin Item 4, above, that I am now 69	mia Neonatorum.  time of birth and including t  ATTENDANT'S CERTIFICAT birth of this child, who was rsonal particulars were furni  M.D.  Midwife Address  AFFIDAVIT to say that I am the mother  Lyears of age, that I have kn	this child	Date e attendant does not seems on whose name appears, and
23. Number of children of this mother: (a) At  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that perelated to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. I daho (State of Latah)	mia Neonatorum.  time of birth and including t  ATTENDANT'S CERTIFICAT birth of this child, who was rsonal particulars were furni  M.D.  Midwife Address  AFFIDAVIT t  asy that I am the mother asy that I have kn who attended this birth (Is n the best of my knowledge, ar	mis child2 (b) Born  E	Date e attendant does not attended until this birth recorded until the condensation of

(1937 Session Laws, Chapter 139, Section 4)

334 119 030 556 (Re sure the information of the inf		3503	13	350393
United States (Be sure the information	ation is as of	date of birth of THIS child		No
Department of Commerce C	ERTIFICATE C	F BIRTH	Local Reg.	No
Bureau of the Census	STATE OF	DAHO	Reg. Dist.	No
(a) CountyLEMHI (All items at time of this birth) (a) CountyLEMHI (b) CitySALMON (c) Street Address or R.F.D. No	<b>X</b>	2. USUAL RESIDENCE OF A  (a) State	(b) County N. L.F.D. No HER lived in Idal	LEMHI
4 FILL NAME	<del></del>			
OF CHILD PHILLIP HENRY CULLINAN		(Month,	Birth of Child day, year) MAF	(CH 19, 189
7. Twin or If 18. Sex male Triplet 18	st, 2nd, 3rd	8. No. months of Pregnacy	9 9. Legit	imate? yes
FATHER OF CHILD		· MOTH	ER OF CHILD	
10. FULL MICHAEL CULLINAN	a de la companya de l	16. FULL MAIDEN MARY A	NN NEWTEN	
174715		17 Color	12 Ago of fi	me
II. Color 12. Age at time of THIS birth 44	yrs.	or Race WHITE	of THIS	birth 24 y
3. Birthplace IRELAND (City or town) (State or foreign co		19. BirthplaceSPOKANE	WAS	HINGTON
A Throat	1	20. Exact (City or town		or foreign country)
Occupation MINER		Occupation HOU	SEWIFE	***************************************
I.5. Industry or Business MINING		21. Industry or Business		
22. Name prophylactic used to prevent Ophthalmia N				<del></del>
<del>_</del>			· ·	
23. Number of children of this mother: (a) At time		<del></del>	) Born anve and	now living
		ERTIFICATE		
			at	M. on the da
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal	of this child,	who was(Born alive, stillborn)		, who
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as(Mother, etc.) 25. Attendant's	of this child, particulars v	who was(Born alive, stillborn) vere furnished by(First i	name) (Last	name) who
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as(Mother, etc.) 25. Attendant's OWN signature	of this child, particulars v	who was(Born alive, stillborn)		, who
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as(Mother, etc.)  25. Attendant's OWN signature	of this child, particulars v M.D. Midwife	who was	name) (Last	, who
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as.  (Mother, etc.)  25. Attendant's OWN signature  State of	of this child, particulars v	who was	Date when the attendation 25.	mame) who
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as  (Mother, etc.)  25. Attendant's OWN signature  State of IDAHO County of Ss.  I, the undersigned, being first duly sworn, say the	of this child, particulars v M.D. Midwife  AF	who was (Born alive, stillborn) were furnished by (First and Address FIDAVIT to be completed in FRIEND	Date when the attendation 25. of the person who	mame) who
24. I HEREBY CERTIFY That I attended the birth  and at the place stated above, and that personal related to this child as	M.D. Midwife  AF  at I am the	who was	Date when the attenda Item 25. of the person who for 51	ant does not si ose name appea
24. I HEREBY CERTIFY That I attended the birth  and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of IDAHO (State of IDAHO) (State o	M.D. Midwife  AF  at I am the	who was	Date when the attenda Item 25. of the person who for 51	ant does not si ose name appe
24. I HEREBY CERTIFY That I attended the birth  and at the place stated above, and that personal related to this child as  (Mother, etc.)  25. Attendant's  OWN signature  State of IDAHO County of Ss.  I, the undersigned, being first duly sworn, say the in Item 4, above, that I am now years  Dr. George A. Kenney who at  (First name) (Last name)	M.D. Midwife  AF  at I am the s of age, that ttended this b	who was	Date  When the attendal Item 25.  of the person when for	ant does not si ose name apper
24. I HEREBY CERTIFY That I attended the birth  and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's OWN signature  State of IDAHO County of Ss.  I, the undersigned, being first duly sworn, say the Item 4, above, that I am now years  Dr. George A. Kenney (Last name) the facts on the certificate above are true to the besence of the state of	M.D. Midwife  AF  at I am the s of age, that ttended this b	who was (Born alive, stillborn) were furnished by (First and Address  FIDAVIT to be completed in FRIEND (Mother, etc.) I have known this person irth 1s now deceased) or (Canvoledge, and that I desire	Date when the attendation 25. of the person when the sead	ant does not si ose name apperyears, and the
24. I HEREBY CERTIFY That I attended the birth  and at the place stated above, and that personal related to this child as  (Mother, etc.)  25. Attendant's  OWN signature  State of IDAHO County of Ss.  I, the undersigned, being first duly sworn, say the In Item 4, above, that I am now years  Dr. George A. Kenney  (First name) (Last name)  the facts on the certificate above are true to the bese	M.D. Midwife  AF  at I am the s of age, that ttended this b	who was (Born alive, stillborn) were furnished by (First and Address)  FIDAVIT to be completed in FRIEND (Mother, etc.) I have known this person with 18 now deceased) or (Can wledge, and that I desire	Date  When the attendal Item 25.  of the person when for 51.  ased 1 into be located) to have this birt	ant does not si ose name apperyears, and the
and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. I, the undersigned, being first duly sworn, say the in Item 4, above, that I am now years (First name) (Last name) the facts on the certificate above are true to the best Chapter 139, 1937 Session Laws.	M.D. Midwife  AF  at I am the s of age, that ttended this b	who was (Born alive, stillborn) were furnished by (First in the completed in the completed in the completed in the complete completed in the complete comple	Date  When the attenda Item 25.  of the person who for 51  asad I in not be located) to have this birt	ant does not si ose name appeayears, and the further state the herecorded und
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as  25. Attendant's OWN signature  State of IDAHO County of Ss.  I, the undersigned, being first duly sworn, say the in Item 4, above, that I am now years Dr. George A. Kenney who at (Pirst name) (Last name) the facts on the certificate above are true to the bes Chapter 139, 1937 Session Laws.	M.D. Midwife  AF  at I am the s of age, that ttended this b st of my know	who was (Born alive, stillborn) were furnished by (First and Address)  FIDAVIT to be completed in (Mother, etc.) I have known this person with is now deceased) or (Canwiedge, and that I desire SALMON; IDAHO  JUNE	Date when the attenda Item 25. of the person who for 51 asad I i not be located) to have this birt	ant does not si ose name appeayears, and the further state the herecorded undSignatuP. O. Addre
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. (Mother, etc.)  29. (Mother, etc.)  20. (Mother, etc.)  21. (Mother, etc.)  22. (Mother, etc.)  23. (Mother, etc.)  24. (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. (Mother, etc.)  26. (Mother, etc.)  27. (Mother, etc.)  28. (Mother, etc.)  29. (	M.D. Midwife  AF  at I am the s of age, that ttended this b st of my know	who was (Born alive, stillborn) were furnished by (First in the completed in the completed in the completed in the completed in the complete completed in the complete complet	Date when the attenda Item 25. of the person who for 51 asad I i not be located) to have this birt  2	ant does not si ose name appeayears, and th further state th h recorded und ZSignatu
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. (Mother, etc.)  29. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  20. Attendant's (Mother, etc.)  21. Attendant's (Mother, etc.)  22. Attendant's (Mother, etc.)  23. Attendant's (Mother, etc.)  24. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  2	M.D. Midwife  AF  at I am the s of age, that ttended this b st of my know	who was (Born alive, stillborn) were furnished by (First in the completed in the completed in the completed in the completed in the complete completed in the complete complet	Date when the attenda Item 25. of the person who for 51 asad I i not be located) to have this birt  2	ant does not signose name appears, and the further state the hyrecorded und signosticSignatuP. O. Addre
24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal related to this child as  25. Attendant's OWN signature  State of IDAHO County of Ss.  I, the undersigned, being first duly sworn, say the in Item 4, above, that I am now years Dr. George A. Kenney who at (Pirst name) (Last name) the facts on the certificate above are true to the bes Chapter 139, 1937 Session Laws.	M.D. Midwife  AF  at I am the s of age, that ttended this b st of my know the day of  thday of  y; see Sec. 17	who was (Born alive, stillborn) were furnished by (First of the first of the completed of the completed of the completed of the completed of the complete of the com	Date when the attenda Item 25. of the person whe for 51 asad I i asad I i to have this birt  19.42 ng at SALMON	ant does not signose name appears, and the further state the hyrecorded und signosticSignatuP. O. Addre

(1937 Session Laws, Chapter 139, Section 4)

769 113 010 154		State Wile No 350524
·	formation is as of date of birth of THIS child)	State File 140
Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No
Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this bit (a) County	(a) State Idaho (c) City Idaho Fa.  (d) Street Address or R.F  (e) How long has MOTHE	THER (At time of this birth) (b) CountyBonniville lls  D. No. Eagle Rock St R lived in Idaho? 8
IN THIS county 4 years months		
4. FULL NAME OF CHILD ROY GORDON 7. Twin or 6. Sex Male Triplet	If so—born 8. No. months	th of Child ny, year)Aug13, 189 9 9. Legitimate? Yes
FATHER OF CHILD		OF CHILD
10. FULL Tomos Gondon	16. FULL MAIDEN NAME Elizabe 17. Color or Race White 19. Birthplace Ontario	th Jemmison  18. Age at time of THIS birth 28 yrs Canada
22. Name prophylactic used to prevent Ophthalm	ia Naonatomim	
23. Number of children of this mother: (a) At t		
23. Number of children of this mother. (a) At t	· · · · · · · · · · · · · · · · · · ·	Born arive and now nving
24. I HEREBY CERTIFY That I attended the l	ATTENDANT'S CERTIFICATE birth of this child, who wasat. (Born alive, stillborn)	M. on the date
and at the place stated above, and that pers	sonal particulars were furnished by	ie) (Last name)
25. Attendant's	M.D.	
OWN signature	Midwife Address	Date
State of California Ss. County of Los Angeles	AFFIDAVIT to be completed wh in Ite	en the attendant does not sig m 25.
I, the undersigned, being first duly sworn, sa	y that I am the Father of	the person whose name appear
in Item 4, above, that I am now79	(Mother, etc.) years of age, that I have known this person for	50 years, and the
	ho attended this birth	ed I further state the
the facts on the certificate above are true to the Chapter 139, 1937 Session Laws.	e best of my knowledge, and that I desire to	
	374 Busalt	
Subscribed and sworn to before me tris (SEAL)	dayo; see Sec. 17-914, Idaho Code Annotated.)	at Long Beach, Car
(Note: Perjury is punishable as a felony in l	idano; see Sec. 17-914, Idaho Code Annotated,)	from of 1942
Received for filing on JUL 1 1049	by Haby & 64	Registra

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce	CERTIFICATE OF BIRTI	
Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of (a) County BLAIME	(a) S (c) C me: (d) S	AL RESIDENCE OF MOTHER (At time of this birdstate I.R.A.h.d. (b) County BLAIM City CARE H. Street Address or R.F.D. No
IN THIS county 2 6 years	months / 2 days   3. RESIL	DENCE OF FATHER (city, state) CARRY TDA
4. FULL NAME ETHEL ELLIS	e Brooks	(Month, day, year). JAv. 27-18
6. Sex Female 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnacy 9 9. Legitimate? Ye
10. FULL NAME JAMES EDWAYD B 11. Color of Race White 12. Age at of THIS 13. Birthplace Fill Mare U.T.	time 30 yrs.	hplace BounTiful UTAN
14. Exact Occupation Farmer 15. Industry or Business	20. Exa Occ 21. Indu Bus	ct (City or town) (State or foreign count upation HOLSEWIFE
	i) At time of high and including	this child 3 (h) Rom alive and nour living
24. I HEREBY CERTIFY That I attende and at the place stated above, and the related to this child as(Mothe	ATTENDANT'S CERTIFICATION of this child, who was at personal particulars were further, etc.)	as
24. I HEREBY CERTIFY That I attende	ATTENDANT'S CERTIFIC d the birth of this child, who was at personal particulars were fur	as
24. I HEREBY CERTIFY That I attende  and at the place stated above, and the related to this child as	attendant's Certificated the birth of this child, who was at personal particulars were further, etc.)  M.D.  Midwife Address  SS.  AFFIDAVIT	ATE  as
24. I HEREBY CERTIFY That I attended and at the place stated above, and the related to this child as (Mother 25. Attendant's OWN signature)  State of County of I, the undersigned, being first duly swin Item 4, above, that I am now I attended to the state of I attended to this child as I attended to the state of I attended to this child as I attended to the state of I attended to I atte	attendant's Certific d the birth of this child, who was at personal particulars were fur mereta.  M.D. Midwife Address  AFFIDAVIT  orn, say that I am the (a)  (a)  (b)	atM. on the (Born alive, stillborn)  nished by
24. I HEREBY CERTIFY That I attende and at the place stated above, and the related to this child as	ATTENDANT'S CERTIFIC d the birth of this child, who was at personal particulars were fur at personal particular were fur at personal pa	ATE  as
24. I HEREBY CERTIFY That I attende  and at the place stated above, and the related to this child as	ATTENDANT'S CERTIFICATION OF THE PROPERTY OF T	As

(1937 Session Laws, Chapter 139, Section 4)

FATHER OF CHILD  10. FULL NAME Charles Alansen Stowe  11. Color or Race white of THIS birth 25 yrs.  13. Birthplace Mapleton, Minn  MOTHER OF CHILD  16. FULL MAIDEN NAME Blanche Isabelle Parsons  17. Color white 18. Age at time or Race white of THIS birth 21  19. Birthplace Blairestown, Iowa	United States Department of Commerce Bureau of the Census	(Be sure the information is as c CERTIFICATI STATE O	E OF BIRTH	State File No
(e) Mother's stay BEFORE delivery:  IN THIS county years 11 months 10 days  4. FULL NAME OF CHILD MILTON BLANCHARD SLOWE  6. Sex Male 7. Twin or 18 so—born 1st, 2nd, 3rd of Pregnacy 9. Legitimate? Yei	(a) County KOOTENAI (c) Street Address or R.F.D (d) Name of Hospital or Ma	(b) City Coourd Alene . Noternity Home:	(a) State Idaho (c) City Coeurd'Al (d) Street Address or R.F.	(b) CountyKootenai ene D. No
OF CHILD. Milton Blanchard Stowe  8. Sex male 7. Twin or If so—born 1st, 2nd, 3rd of Pregnacy 9 9. Legitimate? Yes of Prills birth 25 978.  10. FULL MANE DLAINGH. Isabella Parsons 17. Color or Race. White of THIS birth 25 978.  13. Birthplace. Mapleton. Minm (State or foreign country) (State or foreign country) (Occupation Farmer Cocupation Farmer Cocupation Housewife 21. Industry or Business Farming 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child. 1. (b) Born alive and now living ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) (Last name) (Last name) (Last name) (Last name) (Country of Skazt of Washington Skazt of Skazt of Washington Skazt of Country of Skazt of Washington Skazt of Skazt o	(e) Mother's stay BEFORE de IN THIS county y	elivery: ears 11 months 10 days	(e) How long has MOTHER 3. RESIDENCE OF FATHER (cit	y, state) Coeurd'Ale
FATHER OF CHILD  10. FULL Charles Alansen Stowe 11. Color or Race White 12. Age at time or Or Race White 12. Age at time or Race (City or town) 13. Birthplace Mapleton, Minn 14. Exact (City or town) 15. Industry or Business Farming  16. Industry or Business Farming  17. Color white 18. Age at time or Race White 19. Birthplace Blairestown, Town 19. Birthplace Blairestown, Town 19. Birthplace Blairestown, City or town) 10. Exact (City or town) 10. Exact (City or town) 11. Color white 18. Age at time or Race white 19. Birthplace Blairestown, Town 19. Birthplace Blairestown, Town 10. Exact (City or town) 10. Exact (City or town) 11. Color white 18. Age at time or Race white 19. Birthplace Blairestown, Town 12. Exact (City or town) 13. Birthplace Blairestown, Town 14. Exact (City or town) 15. Industry or Business Farming 16. Industry or Business Farming 17. Color white 19. Birthplace Blairestown, Town 19. Birthplace Blairestown, City town 10. Exact (City or town) 10. Exact (City or town) 10. Exact (City or town) 10. Exact Housewife 11. Industry or Business Farming 12. Industry or Business Farming 13. Number of children of this mother: (a) At time of birth and including this child, who was at Industry or Business Farming 14. Industry or Business Farming 15. Industry or Business Farming 16. Industry or Business Farming 17. Color white Blairestown, City or town 19. Birthplace Blairestown, City or town 10. Exact (City or town) 10. E	7. Twin	or If so—born	8. No. months	y, year) May 16,189
10. FULL NAME. Charles Alansen Stowe 11. Color NAME. Charles Alansen Stowe 12. Age at time of THIS birth 25 yrs. 13. Birthplace. Mapleton, Minn. (City or town) (State or foreign country) 14. Exact Occupation Farmer (State or foreign country) 15. Industry or Business Farming 16. FULL MADEN Blanche Isabella Parsons 17. Color White 18. Age at time of Race. White 19. Birthplace. Blairestown, Iowa 18. Birthplace. Blairestown, Iowa 20. Exact (City or town) (State or foreign country) 21. Distributory or Business Farming 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.  ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was.  ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was.  ATTENDANT'S CERTIFICATE 25. Attendant's (Mother, etc.)  OWN signature M.D.  Sown signature M.D.  Midwife Address Date  AFFIDAVIT to be completed when the attendant does not in Item 25.  I, the undersigned, being first duly sworn, say that I am the Mother. (Mother, etc.)  II them derivative of the person whose name app in Item 4, above, that I am now. 72. years of age, that I have known this person for. 51. years, and ARMY DOCOCY. (Last name) (Last name) (Last name) (Last name) (Last name) (Brown deceased) or (Cannot be located) if urther state (Brown deceased) or (Cannot be located) Superson for. 51. Years and that I desire to have this birth recorded unchapted 139, 1987 Session Laws.  Burlington, Washington P.O. Address Durlington, P.O. Address Durlington, Washington P.O. Address Durlington.  Notary Public, residing at Burlington		<del></del>	of Pregnacy 9	9. Legitimate? Yes
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. 1. (b) Born alive and now living  ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  and at the place stated above, and that personal particulars were furnished by (First name) (Last name)  25. Attendant's (Mother, etc.)  OWN signature Midwife Address Date  State of Washington Still to be completed when the attendant does not in Item 25.  I, the undersigned, being first duly sworn, say that I am the MOTHOR of the person whose name app in Item 4, above, that I am now 72. years of age, that I have known this person for 51 years, and (Mother, etc.)  In Item 4, above, that I am now 72. who attended this birth 18 NOW deceased or (Cannot be located)  the Rects on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the be	10. FULL Charles Ala 11. Color white 1 or Race White 1 13. Birthplace Mapleton, (City or town) 14. Exact Occupation Farmer 15. Industry or	ansen Stowe  2. Age at time of THIS birth 25 yrs. Minn (State or foreign country)	16. FULL MAIDEN NAME Blanche Is 17. Color white or Race White 19. Birthplace Blairest (City or town) 20. Exact Occupation Housewi	abelle Parsons  18. Age at time 21 youn, Lowa  (State or foreign country)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name)  25. Attendant's M.D.  OWN signature Midwife Address Date  State of Washington SECTI Ss.  I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name app in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and Fight name)  (Last name) (Last name) (Last name)  (Last name) (Last name) (Is now deceased) or (Cannot be located)  the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded using the certificate above are true to the best of my knowledge.	22. Name prophylactic used to	prevent Ophthalmia Neonatorum		a and a second s
State of Washington   Stagit   Ss.   Affidavit to be completed when the attendant does not in Item 25.  I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name app in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and Army Doctor whose name app (Mother, etc.)  (Figure name) (Last name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded used the control of the person whose name app (Mother, etc.)  (Is now deceased) or (Cannot be located) I further state (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded used to the located of the person whose name app (Mother, etc.)  (Is now deceased) or (Cannot be located) I further state (Is now deceased) or (Cannot be located)  Signs Burlington, Washington P.O. Add Subscribed and sworn to before me this 2nd day of July 19.42.  (SEAL)	23. Number of children of this	mother: (a) At time of birth and ATTENDANT'S	d including this child	Born alive and now living
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name app in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and Army Doctor who attended this birth 18 now deceased or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded used that I am the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded used that I am the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded used that I am the person whose name app (Mother, etc.)  [Is now deceased) or (Cannot be located)  [Is now deceas	<ul> <li>23. Number of children of this</li> <li>24. I HEREBY CERTIFY That and at the place stated aborelated to this child as</li></ul>	mother: (a) At time of birth an ATTENDANT'S t I attended the birth of this chipve, and that personal particular (Mother, etc.)	d including this child	Sorn alive and now living
	<ul> <li>23. Number of children of this</li> <li>24. I HEREBY CERTIFY That and at the place stated aborelated to this child as</li></ul>	mother: (a) At time of birth and ATTENDANT'S t I attended the birth of this chi ove, and that personal particulars (Mother, etc.) M.D. Midwife	d including this child	

(1937 Session Laws, Chapter 139, Section 4)

613-225-006-569 State File No. 35074 United States (Be sure the information is as of date of birth of THIS child) Department of Commerce Local Reg. No..... CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State (b) County Bingham ..... (a) County......(b) City...... (c) Street Address or R.F.D. No. (c) City .Rexburg (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mother's stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) Rexburg. Ideho months davs IN THIS county vears 5. Date of Birth of Child. 4. FULL NAME FULL NAME Lola Watkins (Month, day, year) NOV 25 1891 7. Twin or If so-born 8. No. months 6. Sex Female Triplet 1st, 2nd, 3rd of Pregnacy 9. Legitimate? Yes FATHER OF CHILD MÓTHER OF CHILD 16. FULL MAIDEN Emily Horsley NAME Charles Nephi Watkins NAME..... 19. Birthplace Providence Utah 11. Color 12. Age at time of THIS birth 56 yrs. White or Race 13. Birthplace Stattordshire England
(City or town) (State or foreign country) 14. Exact 20. Exact Occupation Professor in Schools Housewife Occupation ..... 15. Industry or 21. Industry or Education Homemaking Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child....... (b) Born alive and new living... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by......, who is related to this child as (Mother, etc.) 25. Attendant's M.D. Midwife Address **OWN** signature Date State of Wyoming Ss. County of LINCOLN Ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25. (Mother, etc.) midwife , who attended this birth is now deceased ..... I further state that (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Mrs James Ctark Signature Kemmerer, Wyoming P.O. Address efore me this 6 day of July Court 19.42 Subscribed and sworn to before me this..... (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Tigho Code Aprocated.) Received for filing on JUL 8 1942

JUL 2 5 1942

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4

	299-209 18 0/-219	35083	350836
envelope certified	United States Department of Commerce Bureau of the Census  (Be sure the information is as of CERTIFICATE  STATE OF	E OF BIRTH F IDAHO	State File No
ED cortificate in for filing. Each	1. PLACE OF BIRTH (All items at time of this birth)  (a) County	(c) City <u>Bonds</u> (d) Street Address or R.F.I	D. No
Mail COMPLETED 19. No charge for	4. FULL NAME & A. A.	5. Date of Birt (Month, day 8. No. months	h of Child Nov. 9, 1891  9. Legitimate? Yes
eting this certificate. Mail Boise, Idaho, for filing. coin.	FATHER OF CHILD  10. FULL NAME Smul Sure  11. Color OR Race OF THIS birth OF THIS birt	16. FULL MAIDEN NAME  17. Color or Race  19. Birthplace  (City or total)  20. Exact Occupation  21. Industry or Business	OF CHILD  A Mary Sargent  18. Age at time of THIS birth 2 4 yrs.  (State or foreign country)
ibbon in compl /ital Statistics, oney order or	<ul> <li>22. Name prophylactic used to prevent Ophthalmia Neonatorum.</li> <li>23. Number of children of this mother: (a) At time of birth and ATTENDANT'S</li> <li>24. I HEREBY CERTIFY That I attended the birth of this chi and at the place stated above, and that personal particulars</li> </ul>	i including this child	orn alive and now living
powriter rureau of A	related to this child as (Mother, etc.)  25. Attendant's M.D.  OWN signature Midwife	(First name	(Last name)  Date
e only BLACK ink or BLACK Record typering FIRST-CLASS postage to State But you requires an advance payment of fifty	I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now years of age, the years of age, the (First name) (Last name) the facts on the certificate above are true to the best of my kr	(Mother, etc.) at I have known this person for birth	ne person whose name appearsyears, and that
S & C	Received for filing on JUL 17 1942	by II wy - 540	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

Danastmant of Commons	(Be sure the information is as		State File NoLocal Reg. No
Department of Commerce Bureau of the Census	•	F IDAHO	Reg. Dist. No
(a) County (All items at (a) County (C) Street Address or R.F.D. (d) Name of Hospital or Mate (e) Mother's stay BEFORE deligible IN THIS county // yes	(b) City N	(a) State	F.D. No
4. FULL NAME John V. Of CHILD 7. Twin of Triplet	r If so—born	8. No. months	irth of Child day, year) morel (= ).  9 9. Legitimate? Ulo
FATHER OF	<del></del>		R OF CHILD
10. FULL NAME 11. Color or Race 12. 13. Birthplace (City or town)	Age at time of THIS birth 3	16. FULL MAIDEN NAME 17. Color or Race to hits	18. Age at time of THIS birth 21
14. Exact Occupation 15. Industry or Business  22. Name prophylactic used to pr		Occupation	, , , , , , , , , , , , , , , , , , ,
22. Name prophylactic used to	_		<i>(</i>
Joi Trained of Children of Lind II.	· · · · · · · · · · · · · · · · · · ·	S CERTIFICATE	Doll diffe that now in his
24. I HEREBY CERTIFY That	I attended the birth of this ch	nild, who was	tM. on the d
related to this child as	(Mother, etc.)	rs were furnished by(First m	(Last name)
25. Attendant's OWN signature	M.D. Midwife	e Address	Date
		AFFIDAVIT to be completed w	then the attendant does not seem 25.
State of Idaho County of Bannock			
I, the undersigned, being firs in Item 4, above, that I am now Mrs. Cynthia Walker	t duly sworn, say that I am the years of age, th who attended thi	nat I have known this person for is birth	or
I, the undersigned, being first in Item 4, above, that I am now Mrs. Cynthia Walker  (First name) the facts on the certificate above Chapter 139, 1937 Session Laws.	t duly sworn, say that I am theyears of age, th, who attended thi (Last name) e are true to the best of my k	nat I have known this person for is birth. is now deceased) or (Cannowledge, and that I desire to the first person for the first person	or 51 years, and to the located of have this birth recorded un Signat 10 Idaho P.O. Addition 10 42
I, the undersigned, being first in Item 4, above, that I am now  Mrs. Cynthia Walker  (First name)  the facts on the certificate above Chapter 139, 1937 Session Laws.  Subscribed and sworn to bett (SEAL)	t duly sworn, say that I am the years of age, the years of age, the year are true to the best of my keep love me this grd day of the year are true to the best of my keep love me this grd day of the year are true to the best of my keep love me this grd day of the year are true to the best of my keep love me this grd day of the year love me the year l	nat I have known this person for is birth. is now deceased) or (Cannowledge, and that I desire to the first person for the first person	I further state to the located) have this birth recorded un Signat llo, Idaho, P.O. Addu, 19 42 g at Pocatello, Idaho

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	CERTIFICATE STATE OF	•• ••••	Local Reg. NoReg. Dist. No
(e) Mother's stay BEFORE delin THIS county 4 year  4. FULL NAME HOWARD  6. Sex MALE  7. Twin of Triplet  FATHER OF  10. FULL NAME FOWARD	(b) City CAMERON. No	(a) State IDA IT U  (c) City	rth of Child ay, year) April 15,/  9. Legitimate?   9. Legitimate?   18. Age at time of THIS birth 7  (State or foreign country)
Business  22. Name prophylactic used to pr  23. Number of children of this m			
24. I HEREBY CERTIFY That and at the place stated aborelated to this child as	ATTENDANT'S  I attended the birth of this chil  and that personal particulars	dd, who was from alive, stillborn)  were furnished by from alive (First native)	LA LEITH wh
State ofCounty of		FFIDAVIT to be completed wi	
in Item 4, above, that I am now	, who attended this (Last name)	(Mother, etc.)  I have known this person fo birth	years, and in the located in the loc
	***************************************		P. O. Add
Subscribed and sworn to bef	ore me thisday of		

(1937 Session Laws, Chapter 139, Section 4)

	nite	d States	29 575 Commerce	(Be su	re the inform	ation is as			THIS child)		35270.
	•	u of the C			•	STATE O				_	. No
	(a) (c) (d)	County Street A Name of	ddress or R Hospital o	ems at time (b) Cit.F.D. Nor Maternity I	ty <b>Kendr</b> Home:	ick		(a) State (c) City (d) Street A	Address or R.	(b) Count	me of this birth)
	(e)		stay BEFOI	RE delivery: years	months	days	3.	(e) How lor RESIDENCE (	ng has MOTH OF FATHER (	IER lived in Ida city, state)	aho?y
4.	FU	LL NAME		Elbri de	Francis	Drake			5. Date of B (Month,	day, year)	g. 26, 18
6.	Sex	Mal	7. 7	Cwin or Criplet		f so—born .st, 2nd, 3rd			o. months	9. Leg	
10	). FL	ILL W		er of child			16.	FULL MAID	ENBLIZA	R OF CHILD	Vanakoyk
	l. Co or	lor Race	Thite New Yo	12. Age a of TH rk City	t time HS birth 52 N.Y	yrs.		or Race	White Peoria	of THIS	S birth 35 y
	O 5. In	dustry or		ghter &	Ranchez	• •	1	Industry or	(City or town		te or foreign country)
	2. N										nd now living3
_=	J. A.	uniber or	CIMICIT OF	THE INTERIOR						, Born direc di	14 110W 11V111B
1					AT	TENDANT'S	CERT	ITICATE			
/ 24	4. I	HEREBY	CERTIFY	That I atten	ded the birth	n of this ch	ild, w	ho was	alive, stillborn)	ıt	M. on the da
(	4. I ar re	nd at the plated to the	CERTIFY place stated	above, and	ded the birth	n of this ch	ild, w	ho was		at	M. on the da
25	ar re 5. A	nd at the plated to the tendant's WN signat	place stated nis child as, ture	d above, and	that personal	n of this ch	ild, w	ho was	alive, stillborn) by (First ns	at(La	, who st name)
25	ar re 5. A	nd at the plated to the tendant's WN signat	place stated nis child as, ture	d above, and	that personal	n of this ch l particular M.D. Midwife	ild, w	ho was (Born e furnished l	(First ns	ame) (La.	, who st name)
25 81 C	ar re 5. A 0' tata	nd at the lated to the ttendant's WN signat	place stated his child as, ture Dregon	i above, and	that personal	n of this ch l particular M.D. Midwife	s wer	ho was(Born e furnished didress	completed w	Dayhen the attentem 25.	te dant does not si
25 Si C	ar re  5. A  tata ount  L	ad at the lated to the ttendant's WN signat of the under m 4, above	place stated its child as ture <b>Dregon</b> fultnom rsigned, being that I am	above, and (Mo	that personal wher, etc.)  "}ss.  sworn, say th	n of this ch l particular	s wer Ac AFFID	ho was(Born e furnished ddress  AVIT to be  (Mother, et ave known f	completed win It	Da when the attentem 25. f the person wor50	te dant does not si rhose name appea
25 Si C	ar re 5. A  O'  tate ount  L.	ad at the lated to the ttendant's wn signal of the under m 4, above the under the ttendent the under the u	place stated its child as. Tregon Multnom signed, being that I am	(Mo	that personal ther, etc.)  "}ss. sworn, say th years who a	M.D. Midwife  at I am the s of age, thuttended thinest of my k	at I h	dress  (Mother, et ave known in h	completed win It	Dayhen the attentem 25.  If the person wor	dant does not si whose name appeayears, and the I further state the rth recorded une
25 Si C	ar rest. I ar rest. I test. I test. I test. I test. I se fa tapt.	ad at the lated to the lated to the ttendant's wn signal of the under m 4, above Ta. Julisat name) lects on the lect 139, 19 ubscribed (SEAL	place stated is child as ture  Pregon fult row  rsigned, being, that I am  the certificate are session  and swork	ish (Mo	that personal ther, etc.)  "  ss.  sworn, say the year, who ame) rue to the be	M.D. Midwife  at I am the s of age, th attended thi est of my k	AFFID  at I h s birt nowle	dress  AVIT to be  (Mother, et ave known the arcocly and the arcocly archer)  AND ARCOCL July  Notary P	completed win It	Dayhen the attentem 25. If the person wor	te dant does not si whose name appear, and the I further state the rth recorded und Signatu

(1937 Session Laws, Chapter 139, Section 4)

(c) City Jackler  (d) Street Address or R.F.J.  (e) How long has MOTHER  3. RESIDENCE OF FATHER (cit  5. Date of Birt  (Month, day  8. No. months  of Pregnacy  MOTHER  16. FULL MAIDEN  NAME  17. Color  or Race White  19. Birthplace (Cityler town)  20. Exact  Occupation (Cityler town)  21. Industry or	(b) County Oneida  D. No
8. No. months of Pregnacy 9  16. FULL MAIDEN MOTHER  17. Color or Race White (Cityler town)  20. Exact Occupation 12. Industry or	9. Legitimate?
16. FULL MAIDEN NAME  17. Color or Race (Citylor town)  20. Exact Occupation 21. Industry or	de Sant  18. Age at time of THIS birth 2   yi  (State or foreign country)
Business Argyrol	
ncluding this child2 (b) E	
, who wasatatatatwise (Born alive, stillborn) were furnished by	
(First name	) (Last name)  Date
FIDAVIT to be completed whe in Item  Mother of to	n the attendant does not sin 25. he person whose name appea
I have known this person for.  oirth is now deceased) or (Cannot b	I further state the located)  ave this birth recorded und
ade Some Per	OMP. O. Addre
t	(Is now deceased) or (Cannot be nowledge, and that I desire to h

(1937 Session Laws, Chapter 139, Section 4)



(1937 Session Laws, Chapter 139, Section 4)

State File No. 353005 as of date of birth of THIS child) United States (Be sure the informati Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. STATE OF IDAHO Bureau of the Census Reg. Dist. No..... 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BIRTH (All items at time of this birth) (a) County Ada (b) City Boise (c) Street Address or R.F.D. No. 7th and Bannock (a) State....Idaho......(b) County. Ada..... (c) City Boise (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. 7th and Bannock (e) How long has MOTHER lived in Idaho?...8 yr.svrs. (e) Mother's stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Boise, Idaho IN THIS county years months 5. Date of Birth of Child -21-1891 (Month, day, year) 4. FULL NAME Delbert Bates
OF CHILD 15 co. born 8 N 7. Twin or If so-born 8. No. months of Pregnancy 9 Male 9. Legitimate? Yes 6. Sex Triplet 1st. 2nd. 3rd FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME C. T. Bates NAME Emma Guyer 18. Age at time 11. Color 17. Color of THIS birth 34 vrs. or Race..... 13. Birthplace Missouri (State or foreign country) 19. Birthplace IOWA (State or foreign country) 14. Exact 20. Exact Occupation housewife Occupation meat cutter 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child..........(b) Born alive and now living....6... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as....(Mother, etc.) 25. Attendant's Date **OWN** signature Midwife Address State of Idaho
County of Ada ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25. I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears Dr. Halley , who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge/and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Use only BLACK cate in envelope leharge for filling. Subscribed and sworn to before me this) 10th day of August. 19 42. right Notary Public, residing at Boise, Idaho (SEAD) Notary Public, residing a (Note: Perjury is Inishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on......by...by...by....by....by....by.....by....by....by....by....by....by....by....by....by....by....by.....by....by....by....by....by....by....by....by....by....by.....by....by....by....by....by....by....by....by....by....by....by....by....by....by....by....by...by....by...by....by...by...by....by

# DELAYED STAMP ADDED TO CERTIFICATE FACE 09/03/2021 AJT

ANG 1 2 1942

APR 21 1943

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



386 121 018-413 **United States** (Be sure the information is as of date of birth of THIS child) State File No. Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Boise (b) City Center D Q (a) State Udako (b) County Boise (c) Street Address or R.F.D. No. 2621 (c) City Center (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... 111 acom (e) How long has MOTHER lived in Idaho? (e) Mother's stay BEFORE delivery: months 2 days 3. RESIDENCE OF FATHER (city, state) IN THIS county / years a 5. Date of Birth of Child 4. FULL NAME (Month, day, year) avg 21 - 1891 OF CHILD.. 7. Twin o If so-born 8. No. months 9. Legitimate? **C** 6. Sex Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Waroada loso 17. Color 18. Age at time 11. Color ( of THIS birth 20 or Race. 13. Birthplace ... Mai 19. Birthplace (State or foreign country) (State or foreign country (City or town) (City or town) 14. Exact Exact Occupation Occupation.... Industry or 21. Industry or now deacesed **Business Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child........(b) Born alive and now living ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was... (Born alive, stillborn) First name) (Last name) related to this child as Mus Mollier (Mother, etc.) 25. Attendant's M.D. - Midwife Address **OWN** signature State of AFFIDAVIT to be completed when the attendant does not sign County of..... in Item 25. I, the undersigned, being first duly sworn, say that I am the. W.O. L. .....of the person whose name appears (Mother, etc.) in Item 4, above, that I am now.........years of age, that I have known this person for.......years, and that Macon Thousanded this birth Maracida losa (First hame) (Last name) (Is new descased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under KASA Macou. -- Subscribed and sworn to be Notary Public, residing at..... (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914. Idaho Code Annotated.) Received for filing on......

(1937 Session Laws, Chapter 139, Section 4)

State File No. 353138 (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Reg. Dist. No..... Bureau of the Census STATE OF IDAHO 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BURTH (All items at time of this birth) (a) County Deneshave (b) City Taulor (a) State Hands (b) County Dense los (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. Than home (e) How long has **MOTHER** lived in Idaho?..... (e) Mother's stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) IN THIS county \_\_\_\_\_\_ years months 4. FULL NAME 5. Date of Birth of Child (Month, day, year). OF CHILD.... If so-born 7. Twin or 8. No. months Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate? MOTHER OF CHILD FATHER OF CHILD 10. FULL 6 16. FULL MAIDEN NAME..... NAME. 17. Color 🕖 18. Age at time 11. Color 12. Age at time of THIS birth or Race // hu of THIS hirth... 19. Birthplace Alemne 13. Birthplace ( (State or foreign country) (State or foreign country) (City or town) 20. Exact 14. Exact Occupation Occupation ..... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child....(b) Born alive and now living... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as....(Mother, etc.) 25. Attendant's M.D. Midwife Address Date **OWN** signature State of /DAHD AFFIDAVIT to be completed when the attendant does not sign County of BANNEVILLE in Item 25. I, the undersigned, being first duly sworn, say that I am the Mother, etc.) in Item 4. above, that I am now years of age, that I have known this person for 5/ years, and that (Last name), who attended this birth (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. day of Subscribed and sworn to before me this. Notary Public, residing at Make fall (SEAL) -(Note: Perjury is puzishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on AUG

i salahta Kabupatèn

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

499 127 022 962 State File No. 3532 United States (Be sure the information is as of date of birth of THIS child) Local Reg. No..... Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Fremont (b) City Driggs (a) State Idaho (b) County Fremont (c) City Driggs (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: Born in residence (d) Street Address or R.F.D. No..... (e) Mother's stay BEFORE delivery: 3 months 15 days (e) How long has MOTHER lived in Idaho? 3 yrs. 3. RESIDENCE OF FATHER (city, state) Driggs, Idaho 5. Date of Birth of ChildSept. 27, 1891 (Month, day, year) 27, 1891 4. FULL NAME Louis Lynne Driggs
OF CHILD..... ;S 7. Twin or If so-born 8. No. months of Pregnacy 9 9. Legitimate? Yes 6. Sex Male 1st, 2nd, 3rd Triplet **FATHER OF CHILD** MOTHER OF CHILD 16. FULL MAIDEN May Robison 10. FULL Don Carlos Driggs NAME D 11. Color 12. Age at time 17. Color 18. Age at time or Race White of THIS birth 27 yrs.

13. Birthplace Pleasant Grove, Utah

(City or town) (State or foreign country) White or Race White of THIS birth 25 yrs.

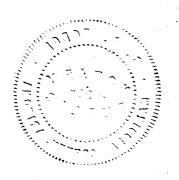
19. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country) 14. Exact 20. Exact Merchant and Stockman Housewife Occupation ..... Occupation .... 21. Industry or 15. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) 25. Attendant's M.D. **OWN** signature Midwife Address Date State of Arizona County of Maricopa AFFIDAVIT to be completed when the attendant does not sign in Item 25. I, the undersigned, being first duly sworn, say that I am the mother .....of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 75 years of age, that I have known this person for 50 years, and that Eynon , who attended this birth ..... is now deceased ...... I further state that (Is now deceased) or (Cannot be located) (Last name) the facts on the sertificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Ingqv Signature 463 Kimball St., Mesa, Arrizona My Commission Expires May 3: 1946 Subscribed and sworn to before me this 22 nd day of fune 19/2 Notary Public, residing at Placenx, any (SEAL) (Note: Perfury is punishable as a felony in Idaho: see Sec. 17-914, Idaho Code Annotated.) Received for filing on. AUG 5

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#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)



United States 17 2/5 (Re sure the i	Cofemant's 1 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	353251
Officed States (De safe the i		State File No
•		Local Reg. NoReg. Dist. No
	(d) State	
	(c) CityDe.a.y.c.1	<b>G</b>
Born in home		D. No
(e) Mother's stay <b>BEFORE</b> delivery:	(e) How long has <b>MOTHE</b>	R lived in Idaho? 5 yrs.
IN THIS county 5 years mon		
4. FULL NAME	5. Date of B	firth of Child day, year)July 4, 1891
		lay, year)July 4, 1891
		9 9. Legitimate? Yes
FATHER OF CHILD	MOTHER	OF CHILD
NAME Hyram B Smith	16. FULL MAIDEN	S. Davis
11. Color 12. Age at time	e   17 Color	18 Age at time
	rth 31 yrs. or Race White	. of THIS birth 34 yrs.
13. Birthplace Paradise, Utah, I	U.S.A. 19. Birthplace Paradis	e, Utah, U.S.A.
	'20 kiyact	
	Occupation HOUS	e wife
		me
20. Iturisci di emini cii di titis amenica (a) -at-		Born alive and now living 1
	ATTENDANT'S CERTIFICATE	
24. I HEREBY CERTIFY That I attended th	ATTENDANT'S CERTIFICATE he birth of this child, who was	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per	ATTENDANT'S CERTIFICATE  he birth of this child, who was(Born alive, stillbor  rsonal particulars were furnished by	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per	ATTENDANT'S CERTIFICATE  he birth of this child, who was(Born alive, stillbor  rsonal particulars were furnished by	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as(Mother, etc.	ATTENDANT'S CERTIFICATE  he birth of this child, who was(Born alive, stillbor  rsonal particulars were furnished by	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per	he birth of this child, who was	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as	he birth of this child, who was	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as	he birth of this child, who was	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Oregon (State of Multinoman) (State of Multinoman) (State of Multinoman)	ATTENDANT'S CERTIFICATE  he birth of this child, who was	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Oregon (State of Multinoman) (State of Multinoman) (State of Multinoman)	ATTENDANT'S CERTIFICATE  he birth of this child, who was	at
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Oregon (State of Oregon Multinomah) (State of Mu	ATTENDANT'S CERTIFICATE  the birth of this child, who was	atM. on the date, who is
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Oregon (State of Oregon Multinomah) (State of Mu	ATTENDANT'S CERTIFICATE  the birth of this child, who was	atM. on the date, who is
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. OVN signature  State of Oregon (County of Multinoman) ss.  I, the undersigned, being first duly sworn in Item 4 above, that I am now 56  Old Wollan attended believe name was Stoddard (Last name) the facts on the certificate above are true to	he birth of this child, who was (Born alive, stillborn as a still born a	Date  The person whose name appears for 51 years, and that tot be located)  I on the date date date date date date date dat
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Overon (Multinoman) (State of Multinoman) (Last name) (Last name)	ATTENDANT'S CERTIFICATE  the birth of this child, who was  (Born alive, stillbor  (First name)  M.D.  Midwife Address  AFFIDAVIT to be completed win Ite  (A), say that I am the Sister (Mother, etc.)  (Is now deceased) or (Cannot the best of my knowledge, and that I desire to	Date  Date  The person whose name appears for 51 years, and that to be located)  I the person whose name appears to be located)  I further state that to be have this birth recorded under
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. OVN signature  State of Oregon (County of Multinoman) ss.  I, the undersigned, being first duly sworn in Item 4 above, that I am now 56  Old Wollan attended believe name was Stoddard (Last name) the facts on the certificate above are true to	ATTENDANT'S CERTIFICATE  the birth of this child, who was (Born alive, stillbor resonal particulars were furnished by (First name)  M.D. Midwife Address  AFFIDAVIT to be completed with in Ite (Mother, etc.)  years of age, that I have known this person who attended this birth must be dead (Is now deceased) or (Cannot the best of my knowledge, and that I desire to Maufly Must with the still and the still an	Date  The person whose name appears for
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Overon (Multhomah) (SS.)  I, the undersigned, being first duly sworn in Item 4 above, that I am now 56 (County of attended believe name Was Stoddard (Last name) the facts on the certificate above are true to Chapter 139, 1937 Session Laws.	ATTENDANT'S CERTIFICATE  the birth of this child, who was (Born alive, stillbor resonal particulars were furnished by (First name)  M.D. Midwife Address  AFFIDAVIT to be completed with in Ite (Mother, etc.)  The say that I am the Sister (Mother, etc.)  The say that I have known this person who attended this birth Must be dead (Is now deceased) or (Cannot the best of my knowledge, and that I desire the Must and Must be said that I desire the said that I desire t	Date  Chen the attendant does not sign em 25.  the person whose name appears for 51 years, and that to be located to have this birth recorded under the located of the located that the located of
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Overon (Multhomah) (SS.)  I, the undersigned, being first duly sworn in Item 4 above, that I am now 56 (County of attended believe name Was Stoddard (Last name) the facts on the certificate above are true to Chapter 139, 1937 Session Laws.	ATTENDANT'S CERTIFICATE  the birth of this child, who was (Born alive, stillbor resonal particulars were furnished by (First name)  M.D. Midwife Address  AFFIDAVIT to be completed with in Ite (Mother, etc.)  The say that I am the Sister (Mother, etc.)  The say that I have known this person who attended this birth Must be dead (Is now deceased) or (Cannot the best of my knowledge, and that I desire the Must and Must be said that I desire the said that I desire t	Date  Chen the attendant does not sign em 25.  the person whose name appears for 51 years, and that to be located to have this birth recorded under the located of the located that the located of
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Overon (Multhomah) (SS.)  I, the undersigned, being first duly sworn in Item 4 above, that I am now 56 (County of attended believe name Was Stoddard (Last name) the facts on the certificate above are true to Chapter 139, 1937 Session Laws.	ATTENDANT'S CERTIFICATE  the birth of this child, who was (Born alive, stillbor resonal particulars were furnished by (First name)  M.D. Midwife Address  AFFIDAVIT to be completed with in Ite (Mother, etc.)  The say that I am the Sister (Mother, etc.)  The say that I have known this person who attended this birth Must be dead (Is now deceased) or (Cannot the best of my knowledge, and that I desire the Must and Must be said that I desire the said that I desire t	Date  Chen the attendant does not sign em 25.  the person whose name appears for 51 years, and that to be located to have this birth recorded under the located of the located that the located of
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. OVERON Signature  State of Oregon (Multinoman) Ss.  I, the undersigned, being first duly sworn in Item 4 above, that I am now 56  Old Wollan attended believe name Was Stoddard (Last name) the facts on the certificate above are true to Chapter 139, 1937, Session Laws.  Subscribed and sworn to before me this (SEAL) (Note: Perjury is punishable as a felony in	ATTENDANT'S CERTIFICATE  the birth of this child, who was (Born alive, stillbor resonal particulars were furnished by (First name)  M.D. Midwife Address  AFFIDAVIT to be completed with in Ite (Mother, etc.)  years of age, that I have known this person who attended this birth (Is now deceased) or (Cannot the best of my knowledge, and that I desire to the day of August  3rd day of August  Notal Public, reson Idaho; see Sec. 17-914, Idaho Goda Amotated	Date  Chen the attendant does not sign em 25.  the person whose name appears for 51 years, and that to be located to have this birth recorded under the located of the located that of the
24. I HEREBY CERTIFY That I attended the and at the place stated above, and that per related to this child as (Mother, etc.)  25. Attendant's (Mother, etc.)  25. Attendant's (Mother, etc.)  26. Overon (Multhomah) (SS.)  I, the undersigned, being first duly sworn in Item 4 above, that I am now 56 (County of attended believe name Was Stoddard (Last name) the facts on the certificate above are true to Chapter 139, 1937 Session Laws.	ATTENDANT'S CERTIFICATE  the birth of this child, who was (Born alive, stillbor resonal particulars were furnished by (First name)  M.D. Midwife Address  AFFIDAVIT to be completed with in Ite (Mother, etc.)  years of age, that I have known this person who attended this birth (Is now deceased) or (Cannot the best of my knowledge, and that I desire to the day of August  3rd day of August  Notal Public, reson Idaho; see Sec. 17-914, Idaho Goda Amotated	Date  Chen the attendant does not sign em 25.  the person whose name appears for 51 years, and that to be located to have this birth recorded under the located of the located that of the
	Department of Commerce Bureau of the Census  1. PLACE OF BIRTH (All items at time of the (a) County Clark	United States  Department of Commerce  Bureau of the Census  I. PLACE OF BIRTH (All items at time of this birth)  (a) County Clark (b) City. Beaver Canyon (c) Street Address or R.F.D. No (d) Name of Hospital or Maternity Home: BORN in home  (e) Mother's stay BEFORE delivery: IN THIS county 5 years months days  4. FULL NAME OF CHILD Sarah Jane. Smith 7. Twin or If so—born 6. Sex Female Triplet 1st, 2nd, 3rd  10. FULL NAME Hyram R. Smith 11. Color or Race White of THIS birth 31 yrs.  13. Birthplace Paradise, Utah, U.S.A 14. Exact Occupation Faller 15. Industry or Timbormon  (Be sure the information is as of date of birth of THIS child)  CERTIFICATE OF BIRTH  STATE OF IDAHO  2. USUAL RESIDENCE OF (a) State Idaho (c) City Beaver (d) Street Address or R.F. (e) How long has MOTHE  S. Date of B.  (Month, O.  8. No. months of Pregnancy  MOTHER  17. Color or Race White of THIS birth 31 yrs.  18. Birthplace Paradise (City or town)  19. Birthplace Paradis (City or town)  20. Exact Occupation Hous 11. Industry or Ho

(1937 Session Laws, Chapter 139, Section 4)

	231-125029415			352904
÷2	United States (Be sur	e the <mark>information</mark> is as o	of date of birth of THIS child)	State File No 353261
12.7	Department of Commerce	CERTIFICAT	E OF BIRTH	Local Reg. No
FED certifi- filing. No	Bureau of the Census	STATE O	F IDAHO	Reg. Dist. No
COMPLETED daho, for filing or coin.	1. PLACE OF BIRTH (All items at time	e of this birth)	2. USUAL RESIDENCE OF M	OTHER (At time of this birth)
	(a) County Latah (b) Cit	y Kendrick	(a) State Idaho	b) County Latah
E S E	(c) Street Address or R.F.D. No	ane.	(c) City Kendrick	
E 7 5	(d) Name of Hospital or Maternity H	ome:	•	-1
E d i	At home,			NoNo.
Ida	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county years	months days	(e) How long has MOTHER  3. RESIDENCE OF FATHER	lived in Idaho? 7. man yrs. (city, state) Kendrick, dono
Ma koise, y or	4. FULL NAME Roy Lorer	120 Slate	5. Date of Bir (Month, da	th of Child y, year) 12-15-1591
3 ⊞ Š	6. Sex Male 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months	
5 8 E	FATHER OF CHIL		MOTHER O	
sti	10 TOTAL T			
	NAME William Ellswi		16. FULL MAIDEN	Trebelle Davis
2 2 2 E	or Race. White 12. Age of Ti	at time HIS birth 29 vrs.	or Race White 1	8. Age at time of THIS birth2.3vrs.
급급찬	, -		10 Pinthalan Street	or irins birtinyrs.
######################################	13. Birthplace (City or town) (State	or foreign country)	19. Birthplace Eugene (Citylor town)	(State or foreign country)
# T &	14. Exact Occupation Car be wer			wite
ig o ti	15. Industry or	(	21. Industry or	.w.c.c.e
200	Business Building	Duciness.	Business	
a y	22. Name prophylactic used to prevent	onthalmia Neonatorum		
	23. Number of children of this mother: (			
2 5 5 E	25. Ivaniaci of children of this invalid.	ATTENDANT'S		will tarve talle now in this
5 to 25 to 2	24. I HEREBY CERTIFY That I atter			at M. on the date
22 8	24. I HEREBY CERTIFY That I atter		(Born alive, stillborn)	
1 9 8 E	and at the place stated above, and the	hat personal particulars	were furnished by(First name)	, who is (Last name)
W 85	related to this child as(Mot		(I not name)	(Zast Halle)
2 8 F	25. Attendant's	ther, etc.) M.D.		
± 20 €	OWN signature		Address	Date
98.7	State of Washington		A THEFT A STEEL As he completed ask	4h
P C	County of	{ ss.	AFFIDAVIT to be completed wh in Iten	
X L	- •	sworn, say that I am	the mother of t	he person whose name appears
AHE	I, the undersigned, being first duly in Item 4, above, that I am now	.3years of age,	(Mother, etc.) that I have known this person i	or 50 years, and that
# # # B			birth (Is now deceased) or (Cannot	
s ir	(First name) (Last name the facts on the certificate above are t	) rue to the best of my i	is now deceased) or (Cannot) knowledge, and that T desire to l	be located) have this hirth recorded under
1 2 E	Chapter 139, 1937 Session Laws.	Į.		
CK ing.	· · · · · · · · · · · · · · · · · · ·	, -	1014 East 88+1.	
BLA nvelc	Subscribed and sworn to before he			
≽∘≎			. 1	•
only in e	(SEAL) (Note: Perjury is punishable as a fe	elony in Idaho: see Sec	Notary Public, resid	ing at Salle
is te		•		~_ ~2
ರ ೮ ⊂	Received for filing onAUG 6 194	(8	by	, Registrar.

190 to 70 1 1

artition 11

# DELAYED REGISTRATION LAW

the specific state of a part of the first of the contract of the first

(1937 Session Laws, Chapter 139, Section 4)

386-22402/2/3 (Be sure the	he information is as of date of birth of THIS	child) State File No
Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No.
Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of t)	us birth) 2. USUAL RESIDENCE	OF MOTHER (At time of this birth
(a) County for and Line (b) City f.	(a) State Och	also. (b) County Franklin.
(c) Street Address or R.F.D. No	(c) City 7	auklin
(d) Name of Hospital or Maternity Hom	<b>^</b>	s or R.F.D. No.
(e) Mother's stay BEFORE delivery: IN THIS county years / 3 m	onths days 3. RESIDENCE OF FAT	
4. FULL NAME Sucile 5	one Thompson 5. Dat	te of Birth of Child Olc 24-/
7. Twin or	If so—born 8. No. month	ths a
6. Sex Triplet	1st, 2nd, 3rd of Pregn	nacy 7 9. Legitimate? 40
FATHER OF CHILD		MOTHER OF CHILD
10, FULL Charles Freder	16. FULL MAIDEN	in may Bate
- 1		
or Race	me birth 22 yrs or Race W	18. Age at/time of THIS birth 7
13. Birthplace Mu Claracia Cl	J - Indiana Birthplace LA	sudou 5 llinoi
(City or town) / (State	or foreign country) (City	or town) (State or foreign country)
14. Exact Occupation Agent. Tele	grafiler 20. Exact Occupation	Housewil.
15. Industry or	21. Industry or	
Business ( )	Business	•
22 Name prophylactic used to prevent Only	thalmia Nagaratamm	
	thalmia Neonatorum	
23. Number of children of this mother: (a)	At time of birth and including this child	(b) Born alive and now living
	ATTENDANT'S CERTIFICATE	
24. I HEREBY CERTIFY That I attended	the birth of this child, who was(Born alive, sti	at
and at the place stated above, and that	personal particulars were furnished by	who
related to this child as		(First name) (Last name)
25. Attendant's	etc.) M.D.	·
OWN signature	Midwife Address	Date
State of MISSOURI	APPIDAMIT to be comple	eted when the attendant does not s
County of ACKSON	APPIDATE to be comple	in Item 25.
the state of the s	<i>(</i> +	
I, the undersigned, being first duly swor	(Mathamata)	of the person whose name appe
in Item 4, above, that I am now	years of age, that I have known this per	rson for 5.0 years, and t
alice Usland Thor	Monttended this birth decea	I further state t
(First name) (Last name)	(Is now deceased) or	(Cannot be located)
the facts on the certificate above are true	to the best of my knowledge, and that I de	sire to have this birth recorded un
Chapter 139, 1937 Session Laws.	My M. n	101) malla.
My Commission Expires	Fob 10 10/50/274 Day 1	Signat
	100. 10, 1075 0 47 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aysas City, Mo P. O. Add
Subscribed and sworn to before me this	day of Allgue	residing at Hansas City, M
(SEAL) COUCH	Notary Public, 1	residing at lansas My, //
(Note: Perjury is punishable as a felon	\ \	
	y in idano; see sec. 17-914. idano code Anno	
	y in Idano; see Sec. 17-914, Idano Code Amic	1 1 0 and
	by by	41/100

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, of if neither father or mother of the child is living or accessible, of the

nearest of kin or guardian, or some person having direct knowledge

in the premises.

ACE OF BIRTH (All items at County Cassia (1) Street Address or R.F.D. N Name of Hospital or Mater  Mother's stay BEFORE deliver in This county year	b) City Maltaoo	2. USUAL RESIDENCE OF MO (a) State Idaho (c) City Malta	OTHER (At time of this birth) (b) County Cassia
			F.D. No
		(e) How long has MOTH 3. RESIDENCE OF FATHER (c	ER lived in Idaho?lly
LL NAME CHILDSARAHMA 7. Twin or Triplet	If so_born	8. No. months	irth of Child May 22, 18 day, year) May 22, 18
JLL WILLIAM HENRY of Race White 12.  rithplace Bountiful, (City or town) xact ccupation Rancher idustry or	Y PARKE Age at time of THIS birth 37 yrs. Utah (State or foreign country)	17. Color or Race White 19. Birthplace Salt La (City or town	ke City Utah
umber of children of this mo	other: (a) At time of birth a	and including this child	Born alive and now living
nd at the place stated above,	(Mother, etc.) M.D.	ars were furnished by(First na	
of CALIFORNIA by of LOS ANGELES			hen the attendant does not sem 25.
the undersigned, being first m 4, above, that I am now	duly sworn, say that I am the 72 years of age, to who attended the sat name) are true to the best of my years of age, to who attended the same true to the best of my years are the day of the same this 4th day of the same that	(Mother, etc.) that I have known this person for his birth. (Is now deceased) or (Canno knowledge, and that I desire to analy Jelest 3823 Tempico Avenue of August	years, and to the located)  have this birth recorded un signate your state of the located with the located w
	FATHER OF OUT ILL  AME WILLIAM HENRY  France White 12.  Race Couption 12.  Kact Couption Rancher Couption Rancher  Industry or Usiness Sheep rail  Industry of Line Centry That I am prophylactic used to presumber of children of this mount of the place stated above the couption of the centry of CALIFORNIA The Undersigned, being first manual the undersigned, being first manual the central transport of the central transpo	FATHER OF CHILD  JLL  MME WILLIAM HENRY PARKE  color 12. Age at time Race White of THIS birth 37 yrs.  irthplace Bountiful, Utah (City or town) (State or foreign country)  kact ccupation Rancher  dustry or usiness Sheep raiser  ame prophylactic used to prevent Ophthalmia Neonatorus  umber of children of this mother: (a) At time of birth a  ATTENDANT  HEREBY CERTIFY That I attended the birth of this of the dat the place stated above, and that personal particular  clated to this child as  WN signature  of CALIFORNIA  y of LOS ANGELES  the undersigned, being first duly sworn, say that I am the m 4, above, that I am now 72 years of age, the control of the certificate above are true to the best of my ter 139, 1937 Session Laws.	FATHER OF CHILD  AME WILLIAM HENRY PARKE  clor Race. White 12. Age at time of THIS birth 37. yrs. irrhplace. Bountiful. Hitah (City or town) (State or foreign country)  Kact (City or town) (State or foreign country)  Race White or Race. White or Race (City or town Occupation housew 21. Industry or Business  Sheep raiser  ATTENDANT'S CERTIFICATE  HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  ATTENDANT'S CERTIFICATE  HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  AND MID MID MID Address  Of CALIFORNIA (Mother, etc.)  M.D. Midwife Address  AFFIDAVIT to be completed with the undersigned, being first duly sworn, say that I am the (Mother, etc.)  The undersigned, being first duly sworn, say that I am the (Mother, etc.)  The undersigned, being first duly sworn, say that I am the (Mother, etc.)  The undersigned, being first duly sworn, say that I am the (Mother, etc.)  The undersigned being first duly sworn, say that I am the (Mother, etc.)  The undersigned being first duly sworn, say that I am the (Mother, etc.)  The undersigned being first duly sworn, say that I am the (Mother, etc.)  The undersigned being first duly sworn, say that I am the (Mother, etc.)  The undersigned being first duly sworn, say that I am the (Mother, etc.)  The undersigned being first duly sworn, say that I am the (Mother, etc.)  The undersigned being first duly sworn, say that I am the (Mother, etc.)  The undersigned being first duly sworn, say that I am the (Mother, etc.)  The undersigned being first duly sworn being f

(1937 Session Laws, Chapter 139, Section 4)

United States (Be sure the info Department of Commerce	rmation is as	of date of birth of THIS child)	9 <b>5</b> 9960
			State File No353380
	CERTIFICATI		Local Reg. No
Bureau of the Census	STATE O		Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birt			THER (At time of this birth)
(a) County Bingham (b) City Oxfo		(a) State 10aho	. (b) County Bingham
(c) Street Address or R.F.D. No		(c) City Oxford	•
(d) Name of Hospital or Maternity Home:		-	.D. No
(e) Mother's stay BEFORE delivery: IN THIS county years months	days	(e) How long has MOTHE  3. RESIDENCE OF FATHER (c)	R lived in Idaho?yrs ty, state)
FULL NAME OF CHILDHeber Moroni Jorgense	n George	5. Date of Bir	th of Child y, year) Oct. 27, 1891.
7. Twin or			iy, year) <u>ygy.a&amp;.[</u> a1091.
• • • • · · · · · · · · · · · · · · · ·	If so—born 1st, 2nd, 3rd	8. No. months	O Tagitimata?
	18t, 21td, 51td		9. Legitimate? Yes
FATHER OF CHILD		MOTHER	OF CHILD
NAME Neils Jorgensen (George son	1)	NAME Wette Cathe	rine Jensen
Color 12 Ago at time		17 Color	18 Aga at tima
or Race	57yrs.	or Race White	. of THIS birth 32 yrs
BirthplaceHosterkjob, Denn	erk	19. BirthplaceSilkaborg	Denmark
(City or town) (State or foreig	n country)	20. Exact (City or town)	(State or foreign country)
Occupation Farmer, Cattle raiser			••••••••••••
5. Industry or		21. Industry or	***************************************
Business		Business	
22. Name prophylactic used to prevent Ophthalmia	a Neonatorum		
23. Number of children of this mother: (a) At tir			
		<del></del>	Born anve and now living
		CERTIFICATE	
4. I HEREBY CERTIFY That I attended the bi	rth of this chi	ild, who wasat	M. on the dat
		(Born anve, stundorn)	
and at the place stated above, and that perso related to this child as	nai particulars	s were furnished by	, who i
related to this child as(Mother, etc.)	••••••	usii sen z)	e) (Last name)
	M.D.		
OWN signature	Midwife	Address	Date
OWN signature	Midwife		
OWN signature	Midwife	Address  AFFIDAVIT to be completed when in Ite	en the attendant does not sign
own signature  ate ofIdaho	Midwife	AFFIDAVIT to be completed wh in Ite	en the attendant does not sign
tate ofss.  ounty of Franklinss.  I, the undersigned, being first duly sworn, say	Midwife	AFFIDAVIT to be completed wh in Ite	en the attendant does not sign m 25. the person whose name appear
own signature  ate of	Midwife  that I am the. ars of age, the	AFFIDAVIT to be completed when in Ite.  Sister	en the attendant does not sign 25.  the person whose name appear vears, and that
own signature  ate ofIdaho	Midwife  that I am the. ars of age, the	AFFIDAVIT to be completed wh in Itesister	en the attendant does not sign 25.  the person whose name appear
own signature  ate ofIdaho	Midwife  that I am the. ars of age, the	AFFIDAVIT to be completed wh in Ite sister	en the attendant does not sign 25.  the person whose name appear50
own signature  ate of Idaho	Midwife  that I am the. ars of age, the	AFFIDAVIT to be completed wh in Ite sister	en the attendant does not sign 25.  the person whose name appear
own signature  tate ofIdaho	Midwife  that I am the. ars of age, the attended this best of my kr	AFFIDAVIT to be completed when in Ite	en the attendant does not sign 25.  the person whose name appear years, and tha ad
own signature  tate ofIdaho	Midwife  that I am the. ars of age, the attended this best of my kr	AFFIDAVIT to be completed when in Ite	en the attendant does not sign m 25.  the person whose name appear 50years, and tha  cold
ate of Idaho	that I am the ars of age, the attended this best of my kn	AFFIDAVIT to be completed when in Items is ter of (Mother, etc.) at I have known this person for s birthisnowdaceas. (Is now deceased) or (Cannot nowledge, and that I desire to Mette Lathering ton, Idaho	the attendant does not sign 25.  the person whose name appears 50
own signature  ate ofIdaho	that I am the ars of age, the attended this best of my kn	AFFIDAVIT to be completed when in Items is ter of (Mother, etc.) at I have known this person for s birthisnowdaceas. (Is now deceased) or (Cannot nowledge, and that I desire to Mette Lathering ton, Idaho	the attendant does not sign 25.  the person whose name appears 50
OWN signature  Itate ofIdaho	that I am the ars of age, the attended this best of my kn Day	AFFIDAVIT to be completed when in Items is ter of (Mother, etc.) at I have known this person for s birthisnowdecease (Is now deceased) or (Cannot nowledge, and that I desire to the complete of the	the attendant does not sign 25.  the person whose name appears 50
OWN signature  State ofIdaho	that I am the ars of age, the attended this best of my kn Man Day	AFFIDAVIT to be completed when in Items is ter of (Mother, etc.) at I have known this person for s birth is now deceased) or (Cannot nowledge, and that I desire to dette fatherise to July Notary Public, residing	the attendant does not sign 25.  the person whose name appears 50
Ithe undersigned, being first duly sworn, say in Item 4, above, that I am now 58	that I am the ars of age, the attended this best of my kn  Day  9th.day of.	AFFIDAVIT to be completed when in Items is ter of (Mother, etc.) at I have known this person for s birth is now deceased) or (Cannot nowledge, and that I desire to Mother Lather of July Notary Public, residing 17-914, Idaho Code Annotated.)	the attendant does not sign 25.  the person whose name appears 50
own signature  State ofIdaho	that I am the ars of age, the attended this best of my kn  Day  9th.day of.	AFFIDAVIT to be completed when in Items is ter of (Mother, etc.) at I have known this person for s birth is now deceased) or (Cannot nowledge, and that I desire to Mother Lather of July Notary Public, residing 17-914, Idaho Code Annotated.)	the attendant does not sign 25.  the person whose name appear years, and the edd I further state the belocated)  have this birth recorded under the belocated. Signatur P. O. Addres

(1937 Session Laws, Chapter 139, Section 4)

	314 20/028 255 (Be sure the inform		353415
icate in r filing.	United States (Be sure the inform	nation is as of date of birth of THIS chil ERTIFICATE OF BIRTH STATE OF IDAHO	d) State File No
Mail COMPLETED certificate in for filing. No charge for filing.	1. PLACE OF BIRTH (All items at time of this birth (a) County Rank (b) City (c) Street Address or R.F.D. No (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: IN THIS county years months	(a) State 3 d 1 (c) City 5 and (d) Street Address or (e) How long has MO 3. RESIDENCE OF FAT	- Idaho
= <u>-</u>	4. FULL NAME Mary alies Cample	(Month,	Birth of Child day, year)
Ma o, for	7. Twin or	so—born 8. No. months st, 2nd, 3rd of Pregnancy	0 114 0
completing this certificate. tal Statistics, Boise, Idaho, its, money order or coin.	FATHER OF CHILD  10. FULL NAME 11. Color or Race  12. Age at time of THIS birth  13. Birthplace  (City or town)  14. Exact Occupation 15. Industry or Business	16. FULL MAIDEN NAME BENTLA  17. Color or Race White 19. Birthplace Ylodau	a) (State or foreign country)
con Ital nts,	22. Name prophylactic used to prevent Ophthalmia	Neonatorum	
ter ribbon in Bureau of V nt of fifty ce	24. I HEREBY CERTIFY That I attended the birth and at the place stated above, and that personal	ENDANT'S CERTIFICATE of this child, who was (Born alive, stillborn particulars were furnished by	M. on the date
wri tate me	related to this child as(Mother, etc.)	.`	(Last name)
type to Sg	25. Attendant's OWN signature	M.D. Midwife Address	Date
ACK Record ASS postage s an advance	State of Management State of S	at I am the father	ed when the attendant does not sign a Item 25of the person whose name appears
nk or BLA RST-CLA( requires	(First name) (Last name) (Last name) the facts on the certificate above are true to the be Chapter 139, 1937 Session Laws.	attended this birth	I further state that mot be located) to have this birth recorded under
X 20 3		James A 160	Signature
y BLACK ie earing f ertified co	Subscribed and sworn to before this	1 de of Bugust  Notary Public, re	
도당장	(Note: Perjury is punishable as a felony in Ida	no; see Sec. 17-914. Idaho Code Annotat	ed.)
Use o envelo Each	Received for filing on AUG 10 1942	by Malal Kile	, Registrar.

(1937 Session Laws, Chapter 139, Section 4)



179-117-029-863 State File No. 35356% **United States** (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of the Census STATE OF IDAHO Reg. Dist. No. 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Latah (b) City Moscow (a) State Idaho (b) County Latah (c) Street Address or R.F.D. No. On farm (c) City Moscow (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. On farm at home (e) How long has **MOTHER** lived in Idaho? 13 vrs. (e) Mother's stay **BEFORE** delivery: IN THIS county 13 years x months x days 3. RESIDENCE OF FATHER (city, state) MOSCOW. Ida 4. FULL NAME 5. Date of Birth of Child (Month, day, year) 12-17-1891 Harry OF CHILD 7. Twin or If so\_born 8. No. months Triplet no of Pregnancy 9 9. Legitimate? Ves 1st. 2nd. 3rd FATHER OF CHILD MOTHER OF CHILD 10 FILL 16. FULL MAIDEN Ida J. Holm NAME Nels L. Agrell
11. Color white 12. Age at time 25 17. Color or Race White 18. Age at time of THIS birth 18 yrs. or Race...... of THIS birth vrs. 13. Birthplace Tonnarp Sweeden
(City or town) (State or foreign country) 19. Birthplace Nappa City Calif.
(City or town) (State or foreign country) 14. Exact 20. Exact Occupation farmer Occupation housewife 15. Industry or 21. Industry or farming Business keeping house Business ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is

(First name) (Last name) related to this child as....(Mother, etc.) 25. Attendant's OWN signature Midwife Address Date AFFIDAVIT to be completed when the attendant does not sign in Item 25. I, the undersigned being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 51 years, and that Crist name), who attended this birth now deceased. I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. only BLACK I in envelope b Jewiston, Idaho 1338-F-Street P. O. Address Subscribed and sworn to before me this 5th day of August , 1942 (SEAL) Confidence Notary Public, residing at Lewiston, Idah (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914. Idaho Code Annotated.)

Received for filing on AUG. 1.3 1942

by

AUG 1 7 1942

\$\$27 x 7:31 % 14.

#### **DELAYED REGISTRATION LAW**

realistic political

semplated theories.

(1937 Session Laws, Chapter 139, Section 4)
Where the birth of a child born prior to the effective date of Chapter

	666-228-003-468			353584
±\$		e sure the information is as	of date of birth of THIS child)	State File No
£"	Department of Commerce	CERTIFICAT	E OF BIRTH	Local Reg. No
ිවී 🙀	Bureau of the Census	STATE O	F IDAHO	Reg. Dist. No
8	1. PLACE OF BIRTH (All items at	time of this birth)	2. USUAL RESIDENCE OF M	IOTHER (At time of this birth)
	1. PLACE OF BIRTH (All items at (a) County Bannock (b)	City Soda Springs	(a) State Idaho	(b) CountyBannock
A P E	(c) Street Address or R.F.D. No.		(c) City Soda Sprin	78
PL.	(d) Name of Hospital or Materni	ty Home:	•	
COMPLETED certification for filing. Not on coin.			• • •	). No
COMI daho,	(e) Mother's stay <b>BEFORE</b> deliv	ery:		R lived in Idaho?yrs.
<b>₹</b> 7₹	IN THIS county 6 years	months days	3. RESIDENCE OF FATHER	(city, state) Idaho
Se Me	4. FULL NAME John Wallace	Woodsll	5. Date of Bi	rth of Child
. 6 8 €	OF CHILD John Wallace 7. Twin or		8. No. months	ay, year) <b>May</b> 28.,1891
loate. cs. Bo money	6. Sex Male Triplet	1st, 2nd, 3rd	of Pregnancy	9 9. Legitimate? <b>Yes</b>
2 5 E	FATHER OF		MOTHER (	
E E	10 TOTAL I		16. FULL MAIDEN	yle Scadell
stat cent	NAME Christopher T. W			
<u> </u>	11. Color or Race. White	Age at time of THIS birth33yrs.	17. Color White	18. Age at time of THIS birth 32 yrs.
ga £		ra - 1	19. Birthplace Oseola, M	
8 E E	(City or town)	(State or foreign country)	(City or town)	(State or foreign country)
completing eau of Vit ment of fi			20. Exact Housewi	fe
ig of	Occupation Stockman  15. Industry or		21. Industry or	
	Business Cattle		Business	
5 5 2	22. Name prophylactic used to preve	ent Onhthalmia Naonatorum	,	
480	·	_		
15 5 5 E	23. Number of children of this moth			Born alive and now livings
ribbon State J Ivance	OA I HEDEDY CEDUTES OF A T	ATTENDANT'S		-A 35 Ab - 3-A-
	24. I HEREBY CERTIFY That I	attended the birth of this	CHIIG, WHO WAS(Born alive, stillborn	at
typewriter postage to quires an s	and at the place stated above, a	nd that personal particulars	were furnished by	, who is
WIE BE	related to this child as		(First name)	(Last name)
typew postag quires	related to this child as	(Mother, etc.)		
なる音	25. Attendant's	M.D.	Address	Date
E of E	OWN signature		Address	Date
Reco JLAS Sopy	State of Jaho	)	AFFIDAVIT to be completed wi	hen the attendant does not sign
<b>% 5</b> 8	County of Cariban	\ ss.	in Ite	m 25.
XE'S	I, the undersigned, being first	duly sworn, say that I am	the Brother of	the person whose name appears
E SE	in Item 4, above, that I am now		(Mother etc.)	
REP		-	<del>-</del>	
o Add	(First name) (Last	, who attended this	birth is now deceased  (Is now deceased) or (Canno	
T T S	the facts on the certificate above a		knowledge, and that I desire to	have this hirth recorded under
日為日	Chapter 139, 1937 Session Laws.		21,	
¥ o ±			- www	Signature
LACK elope filing.				P. O. Address
BIT	Cubanilad and amount to hadan	/		, 19. <b>4</b>
env for	Subscribed and sworn to before	me this and day of		
only in e	(SEAL)	X Sauth	Notary Public, resident	ding at to deffring
Use onl cate in charge	(Note: Perjury is punishable as	s a reiony in idano; see Sec.	111 . 4 77 . 4	Tano,
	Received for filing on	6 14 134%	hy IIIalmi IIIal.	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

		•	353621
United States (1	Be sure the information is as o	f date of birth of THIS child)	
Department of Commerce	CERTIFICATE	OF BIRTH	Local Reg. No
Bureau of the Census	STATE OF	, ÍDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at (a) County (b) (c) Street Address of R.F.D. No (d) Name of Hospital or Mater.  (e) Mother's stay BEFORE delive IN THIS county years  4. FULL NAME of CHILD (7. Twin or Triplet)  FATHER OF COUNTY (12. County or Race Whyth (City or town))  13. Birthplace (City or town)  14. Exact Occupation (City or town)  15. Industry or	time of this pirth  c) City Stack foot  nity Home:  Ery:  S months days  If so—born  1st, 2nd, 3rd  CHILD  Age at time of THIS birth 3 4 yrs.  (State or foreign country)	2. USUAL RESIDENCE OF M  (a) State 9 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	other (At time of this birth)  (b) County Bright (At time of this birth)  F.D. No  ER lived in Idaho? 3 2 yrs. city, state) Black for 9 900 gray, year)  9. Legitimate? 420 gray (At time of THIS birth 3 9 yrs. (State or foreign country)
15. Industry or ')		21. Industry or Business	•
22. Name prophylactic used to pre	vent Onhthelmie Neonetarum		
23. Number of children of this mo	thou (a) At time of high and	including this shild & (h)	Dom cline and new lining #4.A
23. 14 dinber of children of this mo			Born anve and now nving.
	ATTENDANT'S	<del>-</del>	
24. I HEREBY CERTIFY That I	attended the birth of this chil	ld, who wasa (Born alive. stillborn)	tM. on the date
and at the place stated above, related to this child as	and that personal particulars		who is
25. Attendant's OWN signature	M.D. Midwife	Address	Date
State ofOregon County of Jackson		FFIDAVIT to be completed w	then the attendant does not sign tem 25.
I, the undersigned, being first	duly sworn, say that I am the	mother (Mother, etc.)	the person whose name appears
in Item 4. above, that I am now	<u>81</u> years of age, tha	t I have known this norson for	oryears, and that
Dont remember name (	of Dr., who attended this	birth. (Is now deceased) or (Canno	I further state that
the facts on the certificate above Chapter 139, 1937 Session Laws.	are true to the best-of my kn	owledge, and that I desire to	o have this birth recorded under
theser mo & 7 eg ac	#803 WCA	ndrews Road Welf	Bingman Signature ord, Oregon P.O. Address
Subscribed and sworn to before	re me this 23rd day of	July	19. <b>42</b>
	Col Kelra	Notary Public, residin	g atMedford.Oregon
	as a felony in Idaho; see Sec. 1		
Received for filing on	G 1 4 THAY		Registrar.
o received for timile on		· · · · · · · · · · · · · · · · · · ·	ivegistiai.

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1891-D54-34

	una tha information is as a		555 <b>445</b>
		of date of birth of THIS	
Department of Commerce	CERTIFICATI		Local Reg. No
Bureau of the Census	STATE OI	_	Reg. Dist. No
1. PLACE OF BIRTH (All items at tir (a) County Rexburg (b) Ci (c) Street Address or R.F.D. No	Home:	(a) State Idah (c) City Rec	CE OF MOTHER (At time of this birth) (b) County Msd. ison (b) County or R.F.D. No.
(e) Mother's stay <b>BEFORE</b> delivery IN <b>THIS</b> county 1 years	<b>,</b> :		MOTHER lived in Idaho?yrs.
4. FULL NAME Caroline Tro:	st If so horn	5. Da (1)	ate of Birth of Child Ionth, day, year) Aug. 15, 1891
6. Sex female Triplet	1st. 2nd, 3rd	8. No. mor of Pregr	iancy 9 9. Legitimate? yes
FATHER OF CH	ILD	MC	THER OF CHILD
10. FULL NAME Christian P. Tro	nat	16. FULL MAIDEN	roline Roser
11 Colon 19 Ac.	e at time THIS birth 32 yrs.	or Race white	of THIS birth24yrs.
13. Birthplace Germany (City or town) (State 14. Exact	ite or foreign country)	19. Birthplace(City	or town) (State or foreign country)
Occupation Farmer		Occupation	lous ewife
15. Industry or		21. Industry or	
	<del> </del>	Business	
23. Number of children of this mother:	(a) At time of birth and	including this child	(b) Born alive and now living
24. I HEREBY CERTIFY That I att	ATTENDANT'S ended the birth of this	child, who was	at
and at the place stated above, and	that personal particulars	were furnished by	e, sumporn) who is
F A	The property of the property o	(F	irst name) (Last name), who is
related to this child as	lother, etc.)	i	
related to this child as(M 25. Attendant's	M.D.	<u>,</u>	_
25. Attendant's  OWN signature	M.D. Midwife	Address	Date
25. Attendant's OWN signature State of Idaho	M.D. Midwife		Date  Detected when the attendant does not sign in Item 25.
25. Attendant's OWN signature State of Idaho County of Madison	M.D. Midwife	AFFIDAVIT to be comp	pleted when the attendant does not sign in Item 25.
25. Attendant's  OWN signature  State of Idaho  County of Madison  I, the undersigned, being first duly	M.D. Midwife   Ss.  y sworn, say that I am	AFFIDAVIT to be com	oleted when the attendant does not sign in Item 25of the person whose name appears
25. Attendant's  OWN signature  State of Madison  I, the undersigned, being first dul in Item 4, above, that I am now	M.D. Midwife  Ss.  y sworn, say that I am 1  7.5years of age,	the Mother (Mother, etc.) that I have known this	oleted when the attendant does not sign in Item 25of the person whose name appears person for51years, and that
related to this child as.  25. Attendant's  OWN signature  State of Idaho  County of Madison  I, the undersigned, being first duly in Item 4, above, that I am now	M.D. Midwife	the mother (Mother, etc.) that I have know the birth is now deceased)	pleted when the attendant does not sign in Item 25.  of the person whose name appears person for 51
25. Attendant's  OWN signature  State of Idaho  County of Madison  I, the undersigned, being first duly in Item 4, above, that I am now	M.D. Midwife	the Mother (Mother, etc.) that I have known this birth Is now deceased) knowledge, and that I deceased	pleted when the attendant does not sign in Item 25.
25. Attendant's  OWN signature  State of Idaho  County of Madison  I, the undersigned, being first duly in Item 4, above, that I am now	M.D. Midwife	the Mother (Mother, etc.) that I have known this birth Is now deceased) knowledge, and that I deceased	pleted when the attendant does not sign in Item 25.
related to this child as.  25. Attendant's  OWN signature  State of Idaho  County of Madison  I, the undersigned, being first duly in Item 4, above, that I am now.  Grandma Walz  (First name) (Last nam the facts on the certificate above are	M.D. Midwife    Midwife   Midwife	the	oleted when the attendant does not sign in Item 25.  of the person whose name appears person for years, and that accased I further state that or (Cannot be located) lesire to have this birth recorded under Signature
25. Attendant's  OWN signature  State of Idaho  County of Madison  I, the undersigned, being first dul in Item 4, above, that I am now Grandma Walz  (First name) (Last nam the facts on the certificate above are Chapter 139, 1937 Session Laws.	y sworn, say that I am to 25	the mother (Mother, etc.) that I have known this birth is now deceased) knowledge, and that I december (Rexburg, Id	pleted when the attendant does not sign in Item 25.  of the person whose name appears person for 51.  years, and that accessed I further state that or (Cannot be located)  lesire to have this birth recorded under Signature  And P. O. Address
25. Attendant's  OWN signature  State of Idaho  County of Madison  I, the undersigned, being first dul in Item 4, above, that I am now Grandma Walz  (First name) (Last nam the facts on the certificate above are Chapter 139, 1937 Session Laws.	M.D. Midwife    Midwife   Midwife	the mother (Mother, etc.) that I have known this birth is now deceased) knowledge, and that I december Rexburg, Identity	pleted when the attendant does not sign in Item 25.  of the person whose name appears person for 51.  years, and that accessed I further state that or (Cannot be located)  lesire to have this birth recorded under Signature  and P. O. Address  19 42
25. Attendant's  OWN signature  State of Idaho  County of Madison  I, the undersigned, being first dul in Item 4, above, that I am now Grandma Walz  (First name) (Last nam the facts on the certificate above are Chapter 139, 1937 Session Laws.	M.D. Midwife    Midwife   Midwife	the mother (Mother, etc.) that I have known this birth is now deceased) knowledge, and that I december Rexburg, Identity	pleted when the attendant does not sign in Item 25.  of the person whose name appears person for 51.  years, and that accessed I further state that or (Cannot be located)  lesire to have this birth recorded under Signature  and P. O. Address  19 42
25. Attendant's  OWN signature  State of Idaho  County of Madison  I, the undersigned, being first dul in Item 4, above, that I am now Grandma Walz  (First name) (Last nam the facts on the certificate above are Chapter 139, 1937 Session Laws.	y sworn, say that I am to years of age, who attended this true to the best of my lethis	the Mother (Mother, etc.) that I have known this birth Is now deceased) knowledge, and that I deceased knowledge, and that I deceased.  Rexburg Ideas Notary Put 17-914. Viaho Code Ap	pleted when the attendant does not sign in Item 25.  of the person whose name appears person for 51.  years, and the coast of Cannot be located lesire to have this birth recorded und Signature.  P. O. Addre

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to receive any hirth which has occurred subsequent to such date, such received and filed by the local registrar for record in itself. Statistics for the purposes and uses prescribed in 38, Idaho Code Annotated, when such report is accomplished to the attending physician or midwife, or by Affid.

Affid the record of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child, or if neither father or mother of the child.

the father or mother of the child, or if neither father or the child is living or accessible, of the nearest of kin or some person having direct knowledge in the premises.

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

given was furnished by Jim Doolittle

24. Date received by local refuger \_\_\_\_ AGG 1 9 1942 25. Registrar's own signature

26. Date on which given name added \_\_\_\_\_ by \_\_\_

8-6916

23. I hereby certify that I attended the birth of this child who was born alive at the hour of \_\_\_\_\_ m. on the date above stated and that the information HIS RIGHT related to this child as \_Uncle\_

Attendant's own signature \_\_\_\_Jim\_ Doolittle M. D., midwife, or other Uncle Date fraced 8-17-42

Address Lapwai, Idaho

THOM & MARK

This is to certify that the information furnished above is a correct and true transcript as taken from the Official Records of the Northern Idaho Agency, and from information furnished by Jim Doolittle the 1/2 uncle of John Tababoo.

Certified this 17th day of August. 1942.

A. G. Wilson

Superintendent

AUG 2 1 1942

The Aver

	.893-215- ND-	155		353894
ロデ	United States		n is as of date of birth of THIS child)	State File No
certifi S. N	Department of Commerce	CERTI	FICATE OF BIRTH	Local Reg. No
	Bureau of the Census	STA	ATE OF IDAHO	Reg. Dist. No
CETED of or filing. n.	1. PLACE OF BIRTH (All iten		2. USUAL RESIDENCE OF M	OTHER (At tigner of this birth)
	(a) County Andrew			b) County Shackone
PLE for coin.	(c) Street Address or R.F.D.			~
∯ ~ 8	(d) Name of Hospital or Mat		(d) Street Address or RET	
Q4 P	(e) Mother's stay <b>BEFORE</b> (			lived in Idaho? 3 Mayrs.
SE 5			days 3. RESIDENCE OF FATHER	
Mai Se, ord	4. FULL NAME	10.11.1	5. Date of Bir	rth of Child
Boi	OF CHILD 7. Two	Tf so	born 8. No. months	y, year) $\mathcal{U}_{ug}$
icate. cs. Bo money	6. Sex Jemel Triple		nd, <del>3rd</del> of Pregnancy	9. Legitimate?
<b>H</b> • • · ·	, /FATHER	OF CHILD	MOTHER C	OF CHILD
tis:	10. FULL Henry	Wicks	16. FULL MAIDEN Annie	Temose
2 ts 19	11. Color ///	12. Age at time	17. Color , 11 1	8. Age at time
t t	or Race	of THIS birth of		of THIS birthyrs.
os Vite	13. Birthplace (City or town)	(State of foreign country)	19. Birthplace (City or jown)	(State or foreign country)
of Test	14. Exact Occupation Minus	$\mathcal{O}_{\mathbb{R}}$	20. Exact Occupation	1.50
int of	15. Industry or	·	21. Industry or	The state of the s
ne ne	Business Ma	ning	Business	*
n c ure	22. Name prophylactic used to 1	prevent Cohthalmia Neona	atorum	
			th and including this child 2 (b)	
ate anc				
anc are	and the second s	ATTEND	ANT'S CERTIFICATE f this child, who was	at
anc are	24. I HEREBY CERTIFY Tha	ATTEND at I attended the birth of	ANT'S CERTIFICATE  f this child, who was (Born alive, stillborn iculars were furnished by	at
anc are	24. I HEREBY CERTIFY That and at the place stated above	ATTEND  It I attended the birth of  ve, and that personal part	ANT'S CERTIFICATE f this child, who was	at
pewriter ribbo stage to State res an advanc	24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTEND at I attended the birth of ve, and that personal part (Mother, etc.)	ANT'S CERTIFICATE  f this child, who was(Born alive, stillborn iculars were furnished by(First name)	at
pewriter ribbo stage to State res an advanc	24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTEND at I attended the birth of ve, and that personal part (Mother, etc.)	ANT'S CERTIFICATE  f this child, who was (Born alive, stillborn iculars were furnished by	at
l typewriter ribbo postage to State equires an advance	24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTEND at I attended the birth of ve, and that personal part (Mother, etc.)	ANT'S CERTIFICATE  f this child, who was	.at
cord typewriter ribbo ASS postage to State by requires an advanc	24. I HEREBY CERTIFY That and at the place stated above related to this child as	APTEND at I attended the birth of ve, and that personal part  (Mother, etc.)  M M	ANT'S CERTIFICATE  f this child, who was (Born alive, stillborn iculars were furnished by(First name)  I.D.	Date  Date  Date nen the attendant does not sign
K Record typewriter ribbo T-CLASS postage to State ed copy requires an advance	24. I HEREBY CERTIFY That and at the place stated above related to this child as	APTEND at I attended the birth of the ve, and that personal part  (Mother, etc.)  M M Ss.	f this child, who was (Born alive, stillborn iculars were furnished by (First name)  I.D. (Idwife Address  AFFIDAVIT to be completed when in Item the Address)	Date  Date  nen the attendant does not sign n 25.
K Record typewriter ribbo T-CLASS postage to State ed copy requires an advance	24. I HEREBY CERTIFY That and at the place stated above related to this child as	APTEND at I attended the birth of the ve, and that personal part  (Mother, etc.)  M M Ss.	f this child, who was (Born alive, stillborn iculars were furnished by (First name)  I.D. (Idwife Address  AFFIDAVIT to be completed when in Item the Address)	Date  Date  nen the attendant does not sign n 25.
K Record typewriter ribbo T-CLASS postage to State ed copy requires an advance	24. I HEREBY CERTIFY That and at the place stated above related to this child as	APTEND at I attended the birth of the ve, and that personal part  (Mother, etc.)    Main	f this child, who was  (Born alive, stillborn iculars were furnished by  (First name)  AFFIDAVIT to be completed where in Iter  I am the Mother, etc.)  of age, that I have known this person	Date  Date  nen the attendant does not sign n 25. the person whose name appears for Mayears, and that
K Record typewriter ribbo T-CLASS postage to State ed copy requires an advance	24. I HEREBY CERTIFY That and at the place stated above related to this child as	APTEND at I attended the birth of the ve, and that personal part  (Mother, etc.)  M  M  Ss.  irst duly sworn, say that the system of the control of the cont	f this child, who was  (Born alive, stillborn iculars were furnished by  (First name)  AFFIDAVIT to be completed where in Iter  I am the Mother, etc.)  of age, that I have known this person	Date  Date  nen the attendant does not sign n 25. the person whose name appears for Mayears, and that
k or BLACK Record typewriter ribbo kring FIRST-CLASS postage to State ach certified copy requires an advance	24. I HEREBY CERTIFY That and at the place stated above related to this child as	AFTEND at I attended the birth of the ve, and that personal part  (Mother, etc.)  M M  Ss.  irst duly sworn, say that the system of the control of the contr	f this child, who was  (Born alive, stillborn iculars were furnished by  (First name)  AFFIDAVIT to be completed where in Iter  I am the Mother, etc.)  of age, that I have known this person	Date  Date  Date  nen the attendant does not sign n 25. the person whose name appears for Mayears, and that the located)
k or BLACK Record typewriter ribbo kring FIRST-CLASS postage to State ach certified copy requires an advance	24. I HEREBY CERTIFY That and at the place stated above related to this child as	AFTEND at I attended the birth of the ve, and that personal part  (Mother, etc.)  M M  Ss.  irst duly sworn, say that the system of the control of the contr	f this child, who was (Born alive, stillborn iculars were furnished by (First name)  I.D. Idwife Address  AFFIDAVIT to be completed with in Iter (Mother, etc.) of age, that I have known this person of my knowledge, and that I desired to the street of the	Date  Date  men the attendant does not sign in 25.  the person whose name appears for the person whose name
IK Ink or BLACK Record typewriter ribbo e bearing FIRST-CLASS postage to State g. Each certified copy requires an advanc	24. I HEREBY CERTIFY That and at the place stated above related to this child as	AFTEND at I attended the birth of the ve, and that personal part  (Mother, etc.)  M M  Ss.  irst duly sworn, say that the system of the control of the contr	f this child, who was  (Born alive, stillborn iculars were furnished by  (First name)  AFFIDAVIT to be completed where in Iter  I am the Mother, etc.)  of age, that I have known this person this birth  (Is now deceased) or (Cannot of my knowledge, and that I desire to the standard of t	Date  Date  Date  nen the attendant does not sign no 25.  the person whose name appears for Dayears, and that be located) have this birth recorded under  Signature
LACK Ink or BLACK Record typewriter ribbo elope bearing FIRST-CLASS postage to State filing. Each certified copy requires an advance	24. I HEREBY CERTIFY That and at the place stated above related to this child as	AFTEND at I attended the birth of the ve, and that personal part  (Mother, etc.)  M M  Ss.  irst duly sworn, say that the system of the control of the contr	ANT'S CERTIFICATE  f this child, who was  (Born alive, stillborn iculars were furnished by  (First name)  AFFIDAVIT to be completed where the state of the state	Date  Date  Date  nen the attendant does not sign no 25. The person whose name appears for the located phase that be located have this birth recorded under Signature  P. O. Address
BLACK Ink or BLACK Record typewriter ribbo nvelope bearing FIRST-CLASS postage to State or filing. Each certified copy requires an advance	24. I HEREBY CERTIFY That and at the place stated above related to this child as	AFTEND  At I attended the birth of the ve, and that personal part  (Mother, etc.)  No. 1  Ss.  Ss.  Srst duly sworn, say that the syears of the control of the best of the bes	ANT'S CERTIFICATE  f this child, who was  (Born alive, stillborn iculars were furnished by  (First name)  AFFIDAVIT to be completed where the state of the state	Date  Date  Date  nen the attendant does not sign m 25.  the person whose name appears for years, and that be located) have this birth recorded under  P. O. Address  19
y BLACK Ink or BLACK Record typewriter ribbo envelope bearing FIRST-CLASS postage to State for filing. Each certified copy requires an advance	24. I HEREBY CERTIFY That and at the place stated above related to this child as	APTEND at I attended the birth of the ve, and that personal part  (Mother, etc.)  No.  Ss.  Ss.  Sirst duly sworn, say that the vears duly sworn, who attended the best of the	ANT'S CERTIFICATE  f this child, who was  (Born alive, stillborn iculars were furnished by  (First name)  AFFIDAVIT to be completed where the state of the state	Date  Date  Date  nen the attendant does not sign no 25. The person whose name appears for the located phase that be located have this birth recorded under Signature  P. O. Address
se only BLACK Ink or BLACK Record typewriter ribbo te in envelope bearing FIRST-CLASS postage to State arge for filing. Each certified copy requires an advance	24. I HEREBY CERTIFY That and at the place stated above related to this child as	AFTEND at I attended the birth of the ve, and that personal part  (Mother, etc.)  Ss.  irst duly sworn, say that the system of the control of the best of the best of the best of the best of the control	ANT'S CERTIFICATE  f this child, who was  (Born alive, stillborn iculars were furnished by  (First name)  AFFIDAVIT to be completed where the state of the state	Date  Date  Date  nen the attendant does not sign m 25.  the person whose name appears for years, and that be located) have this birth recorded under  P. O. Address  19

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	ne information is as of date of birth of THIS ch CERTIFICATE OF BIRTH STATE OF IDAHO	Local Reg. NoReg. Dist. No
4. FULL NAME OF CHILD 7. Twin or Triplet ATHER OF CHILD 11. Color 12. Age at tir or Race 13. Birthplace ONTOL 12. Age at tir	(a) State	THER OF CHILD IIZabeth Eiseman  18. Age at time of THIS birth town) (State or foreign country)
	thalmia Neonatorum	
23. Number of children of this mother: (a)	At time of birth and including this child.	(b) Born alive and now living
	ATTENDANT'S CERTIFICATE the birth of this child, who was	
related to this child as(Mother,	personal particulars were furnished by(Firetc.)  M.D.	rst name) (Last name)
OWN signature	Midwife Address	Date
State of Mas to	si	d when the attendant does not sin Item 25.
I, the undersigned, being first duly swor in Item 4, above, that I am now 2. 2. 2. 2. 2. 2. (First pame) (Lest name)	(Mother, etc.)  who attended this birth  (Is now deceased) or (Constant)	1 further state the
the facts on the certificate above are true (Chapter 139, 1937 Session Laws.	to the best of my knowledge, and that I desir	Signat:
Subscribed and sworn to before me the (SEAL)	The bay of June Notary Public, res	
Received for filing on AUG 1942	y in Idaho; šee Séc. 17-914, Idaho Code Annota	ted.)

(1937 Session Laws, Chapter 139, Section 4)

	165-104016-791		355078
무슨		ion is as of date of birth of THIS child	) State File No
₹~	Department of Commerce CER	TIFICATE OF BIRTH	Local Reg. No
certifi g. N	Bureau of the Census S	TATE OF IDAHO	Reg. Dist. No
ED ce	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE:OI	F MOTHER (At time of this birth)
	(a) County Cassia (b) City Rock C	rech (a) State 1 20 (b)	(b) County Cassia Co
単ささ	(c) Street Address or R.F.D. No		
II 100	(d) Name of Hospital or Maternity Home:	• •	<b>/</b> -
F P N			
o de la companya de l	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county ★ years months		ER lived in Idaho?
Mai lse, ord	4. FULL NAME VILLIAM TERRY Jones	5. Date of	Birth of Child day, year) Soft, 4-1891
ě Bě	7. Twin or $\bigcirc$ If	so-born 8. No. months	aus, seur surfrage partir
Set 38.		, 2nd, 3rd of Pregnancy	
sertification of the series of	10. FULL William Henry Jones	16. FULL MAIDEN NAME	noth Gray
Str	11. Color 178:12. Age at time	about 17. Color	18. Age at time
t p	or Race of THIS birth 30		of THIS birth yrs.
34 <u>5</u> ∰	13. Birthplace (City or town) (State or foreign country)	19. Birthplace MALO	n) (State or foreign country)
₹ <u>`</u> ₩	14 Evect	20. Exact	
결정함	Occupation Lock man	Occupation	www
H B G	Business	Business	<i>D</i>
2 9 2	22. Name prophylactic used to prevent Ophthalmia Nec	onatorum nove	
380	23. Number of children of this mother: (a) At time of		) Born alive and now living 9
235		DANT'S CERTIFICATE	The Company of the Co
Sta Sta	24. I HEREBY CERTIFY That I attended the birth		at
\$ \$ E	and at the place stated above, and that personal pa	rticulars were furnished by	, who is
WI WI	related to this child as(Mother, etc.)	(First na	me) (Last name)
545	(Mother, etc.)	MD	
\$25	25. Attendant's OWN signature	M.D. Midwife Address	Date
\$ <b>4</b> 5	County of Win I alls ss.		when the attendant does not sign
		// /	
	I, the undersigned, being first duly sworn, say th	(Mother etc.)	of the person whose name appears
	in Item 4, above, that I am now 06 year	s of age, that I have known this pers	on for \$/ years, and that
<b>8</b> = 8	Mrs Lawrence Passeswho atte	nded this birth deceased	I further state that
우렸습	(First name)	(Is now deceased) or (Car	nnot be located)
A PER	the facts on the certificate above are true to the bes Chapter 139, 1937 Session Laws.	$\frac{1}{2}$	to have this birth recorded under
M 6 15	Onapter 100, por totalion 25.11	her Cora 2, 1/10	Signature Signature
		Kimberly	P. O. Address
7 2 2	1/.	D. A. T.	10 M 2-
or E	Subscribed and sworn to before me this	day of	7 7 7
only in e	MS PARTITION FOR FAIR PARTITION OF THE P	Notary Public, r	esiding at /www.falls
8 25 g	(Note: Perjury is builthing the felony in Idaho;	see Sec. 17-914 Ligho Code competate	
ರ್ 8 ಕ	Received for filing on AUG 25 1942	by III and 4. 5.2	, Registrar.

(1937 Session Laws, Chapter 139, Section 4)

995-110-001-312 (Be sure the information is as of date of birth of THIS child) State File N United States Local Reg. No... Department of Commerce CERTIFICATE OF BIRTH Reg. Dist. No. Bureau of the Census STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth (a) County Ada (b) City Payette (c) Street Address or R.F.D. No. Lever's Lane (a) State Idaho (b) County Ada (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No.Lever's Lane Place of birth was Ada, then Canyon (e) Mother's stay BEFORE delivery: now Payette County How long has MOTHER lived in Idaho? 7 3. RESIDENCE OF FATHER (city, state) SEES & DOV IN **THIS** county years months days 5. Date of Birth of Child June 10, 1891 (Month, day, year) 4. FULL NAME Thomas Henry Ireton 7. Twin or If so-born 8. No. months 6. Sex male of Pregnancy 9. Legitimate? **Yes** Triplet 1st, 2nd, 3rd MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN Clara Adell Case NAME William Ireten NAME 19. Birthplace **Henry Co.**, Illinois 17. Color 18. Age at time of THIS birth 47 yrs. 12. Age at time 11. Color or Race. white 13. Birthplace (State or foreign country) 14. Exact 20. Exact Occupation Housewife Occupation Farmer 21. Industry or 15. Industry or Business **Business** ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as....(Mother, etc.) 25. Attendant's M.D. Date Midwife Address **OWN** signature State of Idaho AFFIDAVIT to be completed when the attendant does not sign County of Payette in Item 25. in Item 4, above, that I am now years of age, that I have known this person for 1nce birth, and that (Rirst name) (Last name) , who attended this birth Rev deceased (Is now deceased) or (Cast the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Payette, Idahe. P. O. Address Subscribed and swore to before me this 28th day of August 1942 (SEAL)

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated. 

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#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report any birth which has occurred subsequent to such take, such that report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or

mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-117,015-255 (Be sure the information is as of date of birth of THIS child) State File No Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County (b) City (a) State of daho (b) County Caubou. (c) Street Address or R.F.D. No. 70.7. F.D. (c) City Soda Spring (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? (e) Mother's stay **BEFORE** delivery: IN THIS county 3.5 years 3. RESIDENCE OF FATHER (city, state) months 4. FULL NAME 5. Date of Birth of Child (Month, day, year) OF CHILD.... 7. Twin or If so-born 8. No. months nal 6. Sex 9 .....9. Legitimate? 2 Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME ... NAME Hama I2. Age at time 11. Color 17. Color 18. Age at time or Race... or Race THIS birth 30 vrs. of THIS birth .....yrs. 13. Birthplace ... 19. Birthplace ...... (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation..... Occupation ..... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child.....(b) Born alive and now living... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as....(Mother, etc.) 25. Attendant's M.D. Midwife Address Date OWN signature State of..... AFFIDAVIT to be completed when the attendant does not sign County of Carlell in Item 25. I, the undersigned, being first duly sworn, say that I am the 1777 of the person whose name appears (Mother, etc.) in Item 4 above, that I am now years of age, that I have known this person for years, and that who attended this birth 2 acl I further state that (sautelane) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this ..... Notary Public, residing and Mark (SEAL) (Note: Perjury is punishable as a felony in Idaho: see Sec. 17-914. Idaho Code Annotated.) Received for filing on......SEF

and the ran

## DELAYED REGISTRATION LAW.

(1937 Session Laws, Chapter 139, Section 4)

	1 755-1150016-213	355497
±g°	United States (Be sure the information is as	of date of birth of THIS child) State File No
COMPLETED certidate, for filing. It or coin.	- AFN /L 1944/	E OF BIRTH Local Reg. No
o 24		F IDAHO Reg. Dist. No
ED of	1. PLACE OF BIRTH (All items at time of this hirth) (a) County (a) (b) City (Calley)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
	(c) Street Address or R.F.D. No.	(a) State J daho (b) County Castra
CPL. Soft.	(d) Name of Hospital or Maternity Home:	(c) City Ollley
SOM or c	at home readence	(d) Street Address or R.F.D. No. Water Street
COMPLEY Idaho, for er or coin.	(e) Mother's stay BEFORE delivery:	(e) How long has MOTHER lived in Idaho?yrs.
₹,8	IN THIS county years months days	3. RESIDENCE OF FATHER (city, state) (Oakly )
lcate. Mail C ics, Boise, Id money order	4. FULL NAME Carl Ellis Ger (me gre)	5. Date of Birth of Child 3/151 91
_3. ₩ Ş	7. Twin or 1, If so—born	8. No. months
15 Se 10 11 10 11 11 11 11 11 11 11 11 11 11	6. Sex Yeale Triplet L 1st, 2nd, 3rd FATHER OF CHILD	
<b>57.73</b>	10. FULL Custin Gee	16. FULL MAIDENS have an Bates
certs statist	11 Color 4 4 12 Age at time	17. Color 18. Age at time 9/
al line	or Race which of THIS birth 3 yrs.	or Race W from 18. Age at time 26 yrs.
### E	13. Birthplace (City or town) (State or foreign country)	19. Birthplace (State or foreign country)
<sup>둁</sup>	14. Exact	20. Exact 9
젊정말	Occupation 15. Industry or	Occupation
comple eau of yment	Business	Business
n c	22. Name prophylactic used to prevent Ophthalmia Neonatorum	1
		including this child(b) Born alive and now living 3
ribbon in com State Bureau Ivance payme		CERTIFICATE
ribb Stat dvan		child, who was
ter ter	d and at the place stated above, and that personal particulars	s were furnished by, who is
9.W.F.	related to this child as(Mother, etc.)	(First name) (Last name)
H S Y	25. Attendant's (Mother, etc.)	
d typew S postag requires		Address Date
A SOF	State of Jaho	AFFIDAVIT to be completed when the attendant does not sign
Reco-CLAS	County of Ss.	in Item 25.
BLACK FIRST- certified	I, the undersigned, being first duly sworn, say that I am	
<b>₹</b>	in Item 4, above that I am now years of age	, that I have known this person foryears, and that
<b>M M</b> 8	Sarah Bules who attended this	s hirth has classified. I further state that
nk or Saring Each	(First name) (Last name)	(Is now deceased) or (Cannot be located) knowledge, and that I desire to have this birth recorded under
	Chapter 139, 1937 Session Laws.	H. Hazefun C. Signature
only BLACK in envelope b		$\sim 1.00$
<b>₹</b>	2	P. O. Address
y BLACE envelope for filing.	Subscribed and sworn to before mothisday of	1992
e n C	(SEAL) CONTRACTOR CENTRAL	Notary Public, residing at lawy
28 TO	(Note: Perjury is punishable as a felony in Idaho; see Sec	. 17-914, Idaho Code Annotated.)
Use cate chars	Received for filing on SEP 4 1942	by Registrar.
	<b></b> -	Illary & harden

matter at a fire

3331154

26/11/2005

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	996 - 13 8104 United States SEP 1 =	4-419		35556	•	355566
45	United States SEP 15	(Be sure the info	rmation is as of	date of birth of THI		File No
ŧ۲	Department of Commerce	19491	CERTIFICATE			Reg. No
8 <u>.</u>	Bureau of the Census		STATE OF	IDAHO	Reg. I	Dist. No
ED of	1. PLACE OF BIRTH (All	items at time of this b	irth) .	2. USUAL RESIDEN	CE OF MOTHER	(At time of this birth)
	(a) County.	City Salar	on Meadow			ty
¥ 5 ::	(c) Street Address or R.	F.D. No				Meadows
IPLE ofin.	(d) Name of Hospital or					
OMPLETED the, for filli or coin.	Mon	<u></u>				
ŏġ l	(e) Mother's stay <b>BEFO</b>		,			Idaho? 9 yrs.
<b>∄</b> _8	IN THIS county	years months	s etays	3. RESIDENCE OF		
E SE	4. FULL NAME () of CHILD	it Willie	Van.	5. I	ate of Birth of Ch	June x 1891
6 B 6		Twin or	If so—born	8. No. mo	nths •	
8 * 0	6. Sex /// All T	riplet	1st, 2nd, 3rd	of Preg	mancy nunes.	Legitimate? 1/4
報報		ER OF CHILD	•		OTHER OF CHIL	D
tis, tis,	10. FULL NAME ISAC FIX	anklin Fr	un	16. FULL MAIDEN NAME ACTOR	Relle Mas	ksberry
5 5 6	11. Color 11 '+	12. Age at time	20	17 Color $M \sim \ell$ .	✓ 18. Age a	at time
ata v	or Race M. M.U.	of THIS birth	J. O. yrs.	or Race	of T	is birth 24 yrs.
itat ita	13. Birthplace	n) (State or foreign	na	19. Birthplace		Ransas
	14. Exact (City or town	•	country)	20 Exact //		ate or foreign country)
t of be	Occupation	nev		Occupation A.	use wing	
comp eau yment	15. Industry or			21. Industry or Business	V	
in comple Bureau o payment	Business					
표준점	22. Name prophylactic used			•	_	
E 0 8	23. Number of children of t				3(b) Born aliv	e and now living 3
a fate			TENDANT'S C			
T W E	24. I HEREBY CERTIFY	That I attended the	birth of this ch	nild, who was	at ve, stillborn)	M. on the date
\$ 5 E	and at the place stated	above, and that person	nal particulars v	vere furnished by		who is
F S S S S S S S S S S S S S S S S S S S	related to this child as		-	- (	First name)	(Last name)
1 8 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(Mother, etc.)		,		
484	25. Attendant's		M.D. <b>Midw</b> ife	A ddroog		Date
2 8 2 E	OWN signature	<u> </u>	Midwife	Address		Date
Reco CLAS copy	State of State	} ss.	A	FFIDAVIT to be con		ittendant does not sign
동합점	County of Volamus	·i)			in Item 25.	
보스코		na finat dulu arrama a				
555.9	I, the undersigned, bei	ng mst duly sworn, s	ay that I am th	ne all oru	of the person	n wnose name appears
A THE ST	I, the undersigned, bei	ng hist duly sworn, s nanow 73	ay that I am the	ne (Motller, etc.) hat I have known th	is person for 5	n whose name appears  vears and that
BLACI FIRST certifie	in Item 4, above, that I ar		years of age, t	hat I have known th	is person for🗘	years, and that
or BLACI ng FIBSI sh certifie	I, the undersigned, bei in Item 4, above, that I ar Sarah Lyttle (First name)		years of age, t	that I have known the	is person for	years, and that I further state that
ik or BLACI aring FIRSI Sach certifie	in Item 4, above, that I are larger than I will a (First name) the facts on the certificate	(Last name) above are true to the	years of age, to attended this b	hat I have known th oirth	or (Cannot be located	I further state that
Ink or BLACI bearing FIRSI Each certifie	in Item 4, above, that I am Sarah Evella (First name)	(Last name) above are true to the	years of age, to attended this b	hat I have known th oirth	or (Caunot be located desire to have thi	fyears, and that I further state that 1) s birth recorded under
K Ink or e bearing g. Each o	in Item 4, above, that I are larger than I will a (First name) the facts on the certificate	(Last name) above are true to the	years of age, to attended this b	hat I have known th oirth	or (Caunot be located desire to have thi	I further state that
K Ink or e bearing g. Each o	in Item 4, above, that I are the facts on the certificate Chapter 139, 1937 Session I	(Last name) who above are true to the	years of age, to attended this be best of my kn	hat I have known th oirth	or (Caunot be located desire to have thi	fyears, and that I further state that 1) s birth recorded under
K Ink or e bearing g. Each o	in Item 4, above, that I are the facts on the certificate Chapter 139, 1937 Session I	(Last name) who above are true to the	years of age, to attended this be best of my kn	hat I have known th oirth	or (Caunot be located desire to have thi	I further state that s birth recorded under
K Ink or e bearing g. Each o	in Item 4, above, that I are larger than 1 are (First name) the facts on the certificate Chapter 139, 1937 Session I Subscribed and sworn	(Last name) who above are true to the	years of age, to attended this be best of my kn	that I have known the circle (Is now deceased newledge, and that I	or (Cannot be located desire) to have this	I further state that s birth recorded under
K Ink or e bearing g. Each o	in Item 4, above, that I are first name) the facts on the certificate Chapter 139, 1937 Session I Subscribed and sworn (SEAL)	(Last name) who (Last name) to before me this	e best of any ki	that I have known the cirth	or (Cannot be located desire to have this	I further state that s birth recorded under
K Ink or e bearing g. Each o	in Item 4, above, that I are first name) the facts on the certificate Chapter 139, 1937 Session I  Subscribed and sworn (SEAL) (Note: Perjury is puni	(Last name) , who (Last name) , who taws.	e best of any ki	that I have known the cirth	or (Cannot be located desire to have this	years, and that I further state that s birth recorded under Signature P. O. Address
Use only BLACK Ink or BLACI cate in envelope bearing FIBSI charge for filing. Each certifie	in Item 4, above, that I are first name) the facts on the certificate Chapter 139, 1937 Session I Subscribed and sworn (SEAL)	(Last name) who (Last name) above are true to the Laws.	e best of any ki	that I have known the cirth	or (Cannot be located desire to have this	I further state that s birth recorded under

(1937 Session Laws, Chapter 139, Section 4)
Where the birth of a child born prior to the effective date of Chapter

Linda Schurger Control Control Mexicological

Bı	nited States (Be sure the information is as of epartment of Commerce ureau of the Census SEP 1 1 1942 STATE OF	OF BIRTH	Local Reg. No	
1.	(c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MOTI  (a) State (c) City (d) Street Address or R.F.I  (e) How long has MOTHER  3. RESIDENCE OF FATHER (city	(b) County Later  No	
	FULL NAME Olpha Mal Copport OF CHILD 7. Twin or 1st, 2nd, 3rd	5. Date of Birtl (Month, day 8. No. months of Pregnacy	of Child	
11 13 14	FULL STATHER OF CHILD  NAME COMPANDE  Color of THIS birth 20 yrs.  Birthplace Cliv or town) (State or foreign country)  Cocupation Coupation  Industry or Business		Molley Elein  8. Age at the 22 y  (State or foreign country)	
23	22. Name prophylactic used to prevent Ophthalmia Neonatorum			
;	and at the place stated above, and that personal particulars related to this child as (Mother etc.)  Attendants  OWN signature  Midwife  Attendants	were furnished by (First reside)	Dak Date 8/15-/	
in	I, the undersigned, being first duly sworn, say that I am the  Item 4, above, that I am now	in Item  of th  (Mothes, etc.)  I have known this person for:  birth  (Is now deceased) or (Cannot be	eperson whose name appeared by the life years, and the located)	
Ci	Subscribed and sworn to before me this day of (SEAL)	august	Signatu P. O. Addr	

t.

(1937 Session Laws, Chapter 139, Section 4)

	689 125022-215	of date of birth of THIS child) State File N357305	
No No			
L	Department of Commerce CERTIFICAT	E OF BIRTH Local Reg. No	
8 🙀	Bureau of the Census SFP 24 1947 STATE O	F IDAHO Reg. Dist. No	
filling.	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
<b>#</b>	(a) County Fremont (b) City Rural	(a) State 10aho (b) County Fremont	
	(c) Street Address or R.F.D. No	(c) City	
3 7 2 E	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No.	
daho, for			
<b></b>	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county 1 years months days	(e) How long has <b>MOTHER</b> lived in Idaho?yrs.  3. RESIDENCE OF FATHER (city, state)	
cate. Mail 8, Boise, noney orde	4. FULL NAME	5 Date of Pirth of Child	
. 50 P	of CHILD James Mathew Whitaker	(Month, day, year) June 25-1891	
ave. , Boi oney	7. Twin or If so—born 1st, 2nd, 3rd		
s certifical Statistics, cents, mo	FATHER OF CHILD		
S, E	10. FULL Honory Manion Whiteless	MOTHER OF CHILD  16. FULL MAIDEN NAME VIOLA E. Savage  17. Color 18. Age at time About of Race White of THIS birth. 24 yrs.	
E E G	NAME Henry Marion Whitaker  11. Color White 12. Age at time	NAME VIOLA E. Savage	
# 20 S	or Race. White 12. Age at time 29 vrs.	or Race White 18. Age at time 24 yrs.	
音単音	11. Color White 12. Age at time or Race white of THIS birth 29 yrs.  13. Birthplace William Ogden Utah (City or town) (State or foreign country)  14. Exact Ranching and cattle	19. Birthplace Willard Utah	
	(City or town) (State or foreign country)	(City or town) (State or foreign country)	
	14. Exact Occupation Ranching and cattle	20. Exact Occupation Hosewife	
it of	15. Industry or	21. Industry or	
in a m	Business Ranching and cattle	Business Own Home	
ribbon in com State Bureau dvance payme			
E 0	23. Number of children of this mother: (a) At time of birth and including this child2(b) Born alive and now live		
	ATTENDANT'S CERTIFICATE		
ESS	24. I HEREBY CERTIFY That I attended the birth of this child, who was		
다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	and at the place stated above, and that personal particulars	(Born alive, stillborn)	
5 6 6	and at the place stated above, and that personal particulars	(First name) (Last name)	
	related to this child as(Mother, etc.)		
	25. Attendant's M.D.	,	
5 W 5		Address Date	
A A SO	State of Idaho	AFFIDAVIT to be completed when the attendant does not sign	
BLAUN Kecord FIRST-CLASS sertified copy re	County of Jeffers on ss.	in Item 25.	
4F.8		the not related of the person whose name appears	
ERF		(Mother, etc.) that I have known this person foryears, and that	
ZEŠ,			
2 20년	FB. FOX , who attended this (First name) (Last name)	birth18	
STE	the facts on the certificate above are true to the best of my	knowledge, and that I desire to have this birth recorded under	
3 g F	Chapter 139, 1937 Session Laws I was present when		
envelope I for filling.		Signature  Righty-2. Idaho. P. O. Address	
4 <u>5</u> <u>5</u>			
Z Z Z	Subscribed and sworn before me his 19day of	September 19 42	
only 151 in enverge for 1	Maria Maria	Diche Tinha	
2 H 8	(Note: Perjury is punishable as a felony in Idaho; see Sec.	17-914, Vilaho Code Amorated.)	
Cate :		I A la Luz	
つるこ	Received for filing on SCD 14 1049	by Registrar.	

(1937 Session Laws, Chapter 139, Section 4)

envelope certified	United States Department of Commerce Bureau of the Census		tion is as of date of RTIFICATE OF BIRT STATE OF IDAHO	H	State File No. 357341 Local Reg. No. Reg. Dist. No.
MPLETED certificate in charge for filing. Each	(a) County	(b) CityKendri.  C.D. No  Maternity Home: At Homes  delivery: years months	(a) (c) (d) (d)	State Idaho.  City Kondriek.  Street Address or R.F.I.  How long has MOTHER  DENCE OF FATHER (city	(b) County Latah.  No. lived in Idaho? One yrs., state Kendrick, Idaho
COMPLETED to charge for	4. FULL NAME Pyr1 1				of Child June 18,1891
8 <sub>2</sub>	6. Sex Male. 7. Tw		so—born , 2nd, 3rd	8. No. months of Pregnacy	• 9. Legitimate? Tes.
Meting this certificate. Mai, Boise, Idaho, for filing.	10. FULL NAME James Ne.  11. Color or Race White.  13. Birthplace NotaKn (City or town)	own. Lowa.	17. Colombia or 1 19. Bir 19. Colombia or 1 19. Bir 19. Colombia or 1 19. Lind 19. Colombia or 1 19. C	Race VIII 6	Buckmaster.  8. Age at time 22 yrs. Missouri. (State or foreign country) (Sewife.
bbon in complital Statistics	23. Number of children of the carrier of the carrie	his mother: (a) At time of ATTI That I attended the birth of	f birth and including ENDANT'S CERTIFIC of this child, who w	this child3.e (b) Boats  atatat	orn alive and now living2.a M. on the date
1, 2, 1 1, 2, 1	related to this child as	(Mother, etc.)	******	(First name)	(Last name) , who is
			M.D.		
200	25. Attendant's OWN signature		Midwife Addres	S	Date
ord typewate Bureau f fifty cer	OWN signature State of Oklahoma County of Blaine	{ss.	Midwife Addres	to be completed when in Item	the attendant does not sign
Record typewite State Burea	OWN signature  State of Oklahoma County of Blaine  I, the undersigned, being	first duly sworn, say that	Midwife Addres  AFFIDAVIT  I am the Sist	to be completed when in Item	the attendant does not sign 25. e person whose name appears
BLACK Record typewintege to State Bureal payment of fifty cer	OWN signature  State of Oklahoma County of Blaine  I, the undersigned, being in Item 4, above, that I am r	first duly sworn, say that	AFFIDAVITE Address AFFIDAVITE I am the Sist of age, that I have tended this birth distribution.	to be completed when in Item  T of the mother, etc.)  known this person for a	the attendant does not sign 25. e person whose name appears 1.1h.i.sl.i.e., and that
lak or BLACK Record typew. ASS postage to State Burea advance payment of fifty cei	OWN signature  State of Oklahoma County of Blaine  I, the undersigned, being in Item 4, above, that I am r Mary  (First name)	first duly sworn, say that tow	AFFIDAVITATION AFFIDA	to be completed wher in Item  T of the Mother, etc.) known this person for a ecessed or (Cannot be and that I desire to he	the attendant does not sign 25.  e person whose name appears  1.1h.i.sl.i.e., and that  located)  ave this birth recorded under
LACK lak or BLACK Record typewing RST-CLASS postage to State Bureanes an advance payment of fifty cer	OWN signature  State of Oklahoma County of Blaine  I, the undersigned, being in Item 4, above, that I am many  (First name) the facts on the certificate at Chapter 139, 1937 Session La	first duly sworn, say that tow	Affidavife Address  Affidavife  I am the Sist  of age, that I have tended this birth di of my knowledge,  Wat  day of	to be completed wher in Item  of the completed wher in Item  of the complete control of the cont	the attendant does not sign 25.  e person whose name appears  1.1. h.i.s. l.ides, and that  Located)  ave this birth recorded under  Signature  P. O. Address  19.
Use only BLACK ink or BLACK Record typewith bearing FIRST-CLASS postage to State Bureal copy requires an advance payment of fifty cer	OWN signature  State of Oklahoma County of Blaine  I, the undersigned, being in Item 4, above, that I am many  (First name) the facts on the certificate at Chapter 139, 1937 Session La	first duly sworn, say that tow. 62 GIIIIIAND who att (Last name) above are true to the best aws.	Affidavife Address  Affidavife  I am the Sist  of age, that I have tended this birth di of my knowledge,  Wat  day of	to be completed wher in Item  of the completed wher in Item  of the complete control of the cont	the attendant does not sign 25.  e person whose name appears  1.1. h.i.s. l.ides, and that  Located)  ave this birth recorded under  Signature  P. O. Address  19.

(1937 Session Laws, Chapter 139, Section 4)

772-222001-212 (Be sure the information is as of date of birth of THIS child) United States State File No.... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth),
(a) County Ada (b) City Boise, Idaho
(c) Street Address or R.F.D. No.North 7th Street 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County Ada (c) City Boise (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. NoNo. 7th St. Poise. None - Born at North 7th St., Boise, Idaho (e) How long has MOTHER lived in Idaho?.6..mos.xxxx. (e) Mother's stay **BEFORE** delivery; IN THIS county years 6 months 3. RESIDENCE OF FATHER (city, state) Boise. Idaho days 4. FULL NAME Lydia May Gibberd 5. Date of Birth of Child (Month, day, year) Aug 22, 1891 7. Twin or If so--born 8. No. months 6. Sex Female of Pregnancy 9 9. Legitimate? Yes Triplet 1st, 2nd, 3rd FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME Addie Gay Baker William H. Gibberd NAME. 11. Color 12. Age at time 17. Color or Race White of THIS birth 23 yrs.

19. Birthplace Vermilion, South Dakota

(City or town) (State or foreign country) 17. Color 11. Color or Race White of THIS birth 31 yrs.

13. Birthplace Green Bay, Wisconsin (City or town) (State or foreign country) 18. Age at time 20. Exact 14. Exact Housewife Occupation Teacher Occupation .... 15. Industry or 21. Industry or None : None Business **Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by \_\_\_\_\_\_\_, who is (First name) (Last name) related to this child as....(Mother, etc.) 25. Attendant's M.D. **OWN** signature Midwife Address Date State of California AFFIDAVIT to be completed when the attendant does not sign County of Santa Clara ss. in Item 25. I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 51 years, and that is now deceased the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. My commission expires Feb. 16,1945, 1073 Alviso St. Santa Clara, California. P. O. Address Subscribed and sworn to before me this 22nd day of September 19 42 (SEAL)

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Cole Appointed.)

(SEAL)

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Cole Appointed.)

(SEAL) Received for filing on SEP 24

(1937 Session Laws, Chapter 139, Section 4)

State File N357530 (Be sure the information is as of date of birth of THIS child) Department of CommercSEP 29 CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BIRTH (All items at time of this birth) (a) County Latal (b) City Morcow Jac (a) State School (b) County County (c) Street Address or R.F.D. No. (c) City Mascaw (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has **MOTHER** lived in Idaho?.....yrs. (e) Mother's stay **BEFORE** delivery: IN THIS county months 3. RESIDENCE OF FATHER (city, state) 4. FULL NAME 5. Date of Birth of Child Dic 27, 1891 OF CHILD..... If so-born 8. No. months 1st, 2nd, 3rd of Pregnancy 9. Legitimate? FATHER OF CHILD 16. FULL MAIDER NAME margrete Olosenia 12. Age at ting Color 17. Color 18. Age at time or Race.... 13. Birthplace . Cha 19. Birthplace \_\_ (State or foreign country) (State or foreign country) 14. Exact 20. Exact Occupation # 01 Occupation .. 15. Industry or 21. Industry or Business **Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child........(b) Born alive and now living........ ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is (First name) (Last name) related to this child as....(Mother, etc.) 25. Attendant's M.D. **OWN** signature Midwife Address Date State of Idaho AFFIDAVIT to be completed when the attendant does not sign County of Ldaho in Item 25. I, the undersigned, being first duly sworn, say that I am the <u>Uncle</u> of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 50 years, and that , who attended this birth <u>is now deceased</u>. I further state that (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge/and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Garreyon Jahnson Signature Grangeville, Idaho P. O. Address Subscribed and sworn to before me this 24th Aday & September. 1942. Notary Public, residing at Grangeville. (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91. Idaho Code A Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

U	nited States (Be sure the in	nformation is as of date of birth of THIS	child) State File No.
D	epartment of Commerce	CERTIFICATE OF BIRTH	Local Reg. No.
B	ureau of the Census	STATE OF IDAHO	Reg. Dist. No
1.	PLACE OF BIRTH (All items at time of this (a) County. Lemhigh (b) City. Nic. (c) Street Address or R.F.D. No. RUPA (d) Name of Hospital or Maternity Home:	hola (a) State Idah (c) City Ni	CE OF MOTHER (At time of this bin O Lemhigh Chola
	(e) Mother's stay BEFORE delivery:	(e) How long has I	or R.F.D. No. Rural MOTHER lived in Idaho? 10
_	* * * * * * * * * * * * * * * * * * * *		FATHER (city, state) Lemhigh,
	FULL NAME SADIE JANE PE 7. Twin or	If so—born 8. No. mor	ate of Birth of Child Month, day, year) 11-24-91
<u>6.</u>	Sex female Triplet	1st, 2nd, 3rd 5th of Pregr	nancy 9. Legitimate? <b>yes</b>
10	FATHER OF CHILD  OUTPER  OUTPE	1C THEFT WAS TENDED IN	THER OF CHILD Hulda Park
	I. Color or Race white 12. Age at time of THIS bir	th 43 yrs 17. Color whit	e 18. Age at time 35
	B. Birthplace Council Bluffs, Iow (City or town) (State or forei	gn country) (City	?) Utah or town) (State or foreign country)
	Occupation farmer Industry or Business farm	Occupation 21. Industry or Business	housewife home
	2. Name prophylactic used to prevent Ophthal	mia Neonatorum	
<u>23</u>	3. Number of children of this mother: (a) At t	time of birth and including this child	5(b) Born alive and now living
24	4. I HEREBY CERTIFY That I attended th	ATTENDANT'S CERTIFICATE the birth of this child, who was	at
	and at the place stated above, and that personal related to this child as(Mother, etc.)	sonal particulars were furnished by(I	irst name) (Last name)
25	5. Attendant's OWN signature	) M.D. Midwife Address	Date
	ounty of Stangels ss.	10	pleted when the attendant does not s in Item 25.
	I, the undersigned, being first duly sworn,	say that I am the (Mother, etc.)	of the person whose name appe
		(Mother, etc.)	
in	Jane Perkins w	years of age, that I have known this	s person for 950 years, and
	Jane Perkins W	years of age, that I have known this ho attended this birth is now deceased) (Is now deceased)	s person for 950 years, and to 28886 I further state to (Cannot be located)
in  th Cl	Jane Perkins w	years of age, that I have known this ho attended this birth is now deceased) (Is now deceased)	s person for
in  th Cl	First name) (Last name) we facts on the certificate above are true to hapter 139, 1937 Session Laws.	the best of my knowledge, and that I was a constraint of the last of my knowledge, and that I was a constraint of the last of my knowledge, and that I was a constraint of the last of my knowledge, and that I was a constraint of the last of my knowledge, and that I was a constraint of the last	s person for 950 years, and to 98890 I further state to or (Cannot be located) lesire to have this birth recorded un Signat
in  th Cl	Jane Perkins, w  (First name) (Last name) ne facts on the certificate above are true to hapter 139, 1937 Session Laws.  Subscribed and sworn to before me this	wears of age, that I have known this ho attended this birth. is now deceased the best of my knowledge, and that I was a supplementary of the best of my knowledge, and that I was a supplementary of the best of my knowledge, and that I was a supplementary of the last of the best of my knowledge, and that I was a supplementary of the last of t	s person for
th	First name) (Last name) ne facts on the certificate above are true to hapter 139, 1937 Session Laws.  Subscribed and sworn to before me this	wears of age, that I have known this ho attended this birth. is now deceased the best of my knowledge, and that I was a supplementary of the best of my knowledge, and that I was a supplementary of the best of my knowledge, and that I was a supplementary of the last of the best of my knowledge, and that I was a supplementary of the last of t	s person for

rath. C الإداران ومد

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or

guardian, or some person having direct knowledge in the premises.

	449-226003 652 B		ld) State File N357759
<b>48</b>	United States (Be sure the information is as		
EQ.		<b>TE OF BIRTH</b> OF IDAHO	Local Reg. No Reg. Dist. No
o di	1. PLACE OF BIRTH (All items at time of this birth)		OF MOTHER (At time of this birth)
	(a) County Banner Co. (b) City Cocatello		(At time of this birth)
<b>5</b> 54	(c) Street Address or R.F.D. No.	(c) City Proated	· · · · · · · · · · · · · · · · · · ·
S to the second of the second	(d) Name of Hospital or Maternity Home:		<del>-</del>
P bo		1	R.F.D. No
	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <b>2</b> years months days	3. RESIDENCE OF FAT	
Ma oise, y orc	4. FULL NAME OF CHILD Jessie adelia Murphy	· (Mont	of Birth of Child July 26, 1891
cate. 18, B	6. Sex Tensele 7. Twin or Il so born 1st, 2hd, 3rd	d 8. No. months d of Pregnanc	y 9. Legitimate?
ertification of the second of	10. FULL Frank & as bise Musch	16. FULL MAIDEN . 9	Mand Wilher
his c Sta y ce	11. Color or Race Office 12. Age at time of THIS birth 3.0 yrs.	17. Color or Race.	18. Age at time of THIS birthyrs.
ng t Vital	13. Birthplace (City or town) (State or foreign country)	(City or to	(State or foreign country)
e te	14. Exact Occupation Black smith	20. Exact Occupation	service
en Ch	15. Industry or	21. Industry or	<i>,</i>
	Business	Business	·
ii ya g	22. Name prophylactic used to prevent Ophthalmia Neonatorum		
ੂ ਨੂੰ <b>ਦ</b>	23. Number of children of this mother: (a) At time of birth and	d including this child	(b) Born alive and now living
ribb Stat Ivan	ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this	child who was	at
15 to 18	and at the place stated above, and that personal particular	(Born alive, stil	liborn)
writ age	related to this child as(Mother, etc.)	(First 1	name) (Last name)
ire ste	25. Attendant's (Mother, etc.)		•
2 to		e Address	Date
AS.	State of deliformo	AFFIDAVIT to be complete	ed when the attendant does not sign
둋흮	County of ss.	in the in	Item 25.
ST	I, the undersigned, being first duly sworn, say that I am	the. (Mother etc.)	of the person whose name appears
AEF	in Item 4, above, that I am nowyears of age	, that I have known this per	
F 30 C	(First name) (Last name), who attended this	s birth	
ario Secto	the facts on the certificate above are true to the best of my	knowledge, and that I desir	e to have this birth recorded under
T S	Chapter 139, 1937 Session Laws.	de Don Mand	Much
E B CK	A Comment of the Comm	in Wind M	Signature
LA SE	2	Defendence XX	P. O. Addro
o P B	Subscribed and sworn to before me this day o	F NOTARY BLIC	allietula 19.42 8
g in	(SEAL)  (Note: Perjury is punishable as a felox in Idaho; see 114  Received for filing on 1067 7 194)	M 19 -714 Idaho Code Appota	residing at 25
se ate har	The state of the s	TA BULL	
	Received for filing on 1949	by Male V 76	Porietness

(1937 Session Laws, Chapter 139, Section 4)

764-204-229-15 (Be sure the information is as of date of birth of THIS child) United States Department of Commerce State File No..... not 8 - IDERTIFICATE OF BIRTH Local Reg. No.... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER: (Always fill in these) 1. PLACE OF BIRTH:
(a) County Latah (b) City Potlatch (a) State Idaho (b) County Latah (c) City Potlatch (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. Lural (e) How long has MOTHER lived in Idaho?.....3.......yrs. (e) Mother's stay BEFORE delivery: In Hosp, or Mat. Home....A...days. (f) Mother's mailing address..... In THIS county years months days. 3. RESIDENCE OF FATHER (city, state)........... Birth 4. FULL NAME Jane Goude (wonth day year) Nov . 4 1991 OF CHILD..... If so-born 8. No. months 7. Twin or 1st, 2nd, 3rd of Pregnancy 9. Legitimate? yes 6. Sex. girl Triplet FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME Carrie Jonkins 17. Color or 18. Age at time of 28 10. FULL NAME Frank E Goude 18. Age at time of 28 years 11. Color 12. Age at time of THIS birth 3.0....vrs. or Race white Race White Carter Co. Tenn.
(State or foreign country) 13. Birthplace Mason City Iowa 19. Birthblace. (State or foreign country) (City or town) 14. Exact 20. Exact Occupation House wife Occupation carpenter 21. Industry or 15. Industry or Business Business ..... and at the place stated above, and that personal particulars were furnished by ..............................., who is related to this child as..... 25. Attendant's 26. (a)..... Attendant's

OWN signature M.D. or (D.O., Midwife, etc.) and address Date (Registrar's signature) **AFFIDAVIT** To be completed when the attendant at birth is State of. NOT LIVING OF CANNOT BE LOCATED. being first duly sworn, say that I am. (Related to (or) acquainted with)
as whose birth certificate (Is now deceased (or) cannot be located) Subscribed and sworn to before me on this California Public, residing at... (SEAL)

(1937 Session Laws, Chapter 139, Section 4)

789-112-029-9	142	-		35787
United States	(Be sure the inform	nation is as of o	late of birth of THIS child	
Department of Commerce		CERTIFICATE O		Local Reg. No
Bureau of the Census	OCT 9 - 1942	STATE OF I	DAHO	Reg. Dist. No
1. PLACE OF BIRTH (All ite (a) County (c) Street Address or R. (d) Name of Hospital or	F.D. No	*	(a) State delay	MOTHER (At time of this birth (b) County
(e) Mother's stay BEFOR IN THIS county //	E delivery:	days	(e) How long has MOT	HER lived in Idaho?
: <i>-</i> //	win or	If so—born 1st, 2nd, 3rd	10 1 1 5. Date of	Birth of Child day, year franklik.
	R OF CHILD			ER OF CHILD
10. FULL NAME OF NOS.  11. Color or Race White	June Pha 12. Age at time of THIS birth	Vrs.	16. FULL MAIDEN NAME	
13. Birthplace (City or town	a dun y	me !	19. Birthplace	w one
Occupation	(State or foreign of		20. Exact Occupation	
Business		1	Business	
Business		<u> </u>		
22. Name prophylactic used				
22. Name prophylactic used	this mother: (a) At time	of birth and in	cluding this child.	
22. Name prophylactic used 23. Number of children of t 24. I HEREBY CERTIFY	this mother: (a) At time  Al  That I attended the birt	e of birth and in TTENDANT'S CE th of this child,	cluding this child Pile (I RTIFICATE who was	atM. on the o
<ul> <li>22. Name prophylactic used</li> <li>23. Number of children of t</li> <li>24. I HEREBY CERTIFY</li> <li>and at the place stated related to this child as</li> </ul>	this mother: (a) At time  Al  That I attended the birt	e of birth and in FTENDANT'S CE th of this child, al particulars w	cluding this child Pile (I RTIFICATE who was	atM. on the o
<ul> <li>22. Name prophylactic used</li> <li>23. Number of children of t</li> <li>24. I HEREBY CERTIFY</li> <li>and at the place stated related to this child as</li> <li>25. Attendant's</li> </ul>	this mother: (a) At time  Al  That I attended the birt  above, and that persons	e of birth and in  TTENDANT'S CE th of this child, al particulars w	cluding this child Pile (I RTIFICATE who was	at
<ul> <li>22. Name prophylactic used</li> <li>23. Number of children of t</li> <li>24. I HEREBY CERTIFY</li> <li>and at the place stated related to this child as</li> <li>25. Attendant's OWN signature</li> </ul>	this mother: (a) At time  AT  That I attended the birt  above, and that persons  (Mother, etc.)	e of birth and in  ITENDANT'S CE th of this child, al particulars w  M.D.  Midwife	cluding this child. (Including this child. (I	at
22. Name prophylactic used 23. Number of children of t  24. I HEREBY CERTIFY  and at the place stated related to this child as  25. Attendant's  OWN signature  State of	this mother: (a) At time  All  That I attended the birt  above, and that persons  (Mother, etc.)  Ss.  g first duly sworn, say the	e of birth and in  ITENDANT'S CE th of this child, al particulars w  M.D.  Midwife  AFF that I am the	cluding this child Pila (I RTIFICATE who was	Date when the attendant does not sitem 25.  of the person whose name appears
22. Name prophylactic used 23. Number of children of t  24. I HEREBY CERTIFY  and at the place stated related to this child as  25. Attendant's  OWN signature  State of	this mother: (a) At time  All That I attended the birt above, and that persons  (Mother, etc.)  Ss.  g first duly sworn, say the say t	e of birth and in  ITENDANT'S CE th of this child, al particulars w  M.D. Midwife  AFF that I am the	cluding this child Pile (IRTIFICATE  who was	Date  when the attendant does not sitem 25.  of the person whose name apperent the person whose name appearent the person whose name
22. Name prophylactic used 23. Number of children of t  24. I HEREBY CERTIFY  and at the place stated related to this child as  25. Attendant's  OWN signature  State of	this mother: (a) At time  AT  That I attended the birt  above, and that persons  (Mother, etc.)  Ss.  g first duly sworn, say the say	e of birth and in  ITENDANT'S CE th of this child, al particulars w  M.D. Midwife  AFF  that I am the rs of age, that I attended this bit est of my known	eluding this child Pha (I RTIFICATE who was (Born alive, stillborn) ere furnished by (First)  Address  IDAVIT to be completed in (Mother, etc.) I have known this person rth (Is now deceased) or (Control of the property of	Date  Date  When the attendant does not sitem 25.  of the person whose name apper for years, and the located to have this birth recorded under the control of the person whose name apper for years, and the located to have this birth recorded under the located to have the located the located to have the located t
22. Name prophylactic used 23. Number of children of t  24. I HEREBY CERTIFY  and at the place stated related to this child as  25. Attendant's  OWN signature  State of	this mother: (a) At time  All That I attended the birt above, and that persons  (Mother, etc.)  Ss.  g first duly sworn, say the say t	e of birth and in  ITENDANT'S CE th of this child, al particulars w  M.D. Midwife  AFF  that I am the rs of age, that I attended this bit est of my known	cluding this child Pila (I RTIFICATE  who was	Date  When the attendant does not sitem 25.  of the person whose name apper years, and the state to have this birth recorded un Signat P. O. Address 19. 42. 42. 42. 42. 42. 43. 44. 45. 45. 45. 45. 45. 45. 45. 45. 45
22. Name prophylactic used 23. Number of children of t  24. I HEREBY CERTIFY  and at the place stated related to this child as  25. Attendant's  OWN signature  State of	this mother: (a) At time  All That I attended the birt above, and that persons  (Mother, etc.)  Ss.  g first duly sworn, say the say t	e of birth and in ITENDANT'S CE th of this child, al particulars w  M.D. Midwife  AFF that I am the rs of age, that I attended this bit est of my know  day of	cluding this child Pile (IRTIFICATE  who was (Born alive, stillborn) ere furnished by (First:  Address  IDAVIT to be completed in (Mother, etc.) I have known this person rth (Is now deceased) or (Control of the Control of the Contr	Date  When the attendant does not sitem 25.  of the person whose name apperent the person whose name apperent to have this birth recorded un signature of the person whose name apperent to have this birth recorded un signature.  P. O. Addragger and the person whose name apperent to have this birth recorded un signature.  P. O. Addragger and the person whose name apperent to have this birth recorded un signature.  P. O. Addragger and the person whose name apperent to have this birth recorded un signature.  P. O. Addragger and now living 20.2.
22. Name prophylactic used 23. Number of children of t  24. I HEREBY CERTIFY  and at the place stated related to this child as  25. Attendant's  OWN signature  State of	this mother: (a) At time  All That I attended the birt above, and that persons  (Mother, etc.)  Ss.  g first duly sworn, say the say t	e of birth and in ITENDANT'S CE th of this child, al particulars w  M.D. Midwife  AFF that I am the rs of age, that I attended this bit est of my know  day of	eluding this child Pila (I RTIFICATE who was (Born alive, stillborn) ere furnished by (First) Address IDAVIT to be completed in (Mother, etc.) I have known this person rth (Is now deceased) or (Carlotte deceased) and that I desire	Date  When the attendant does not sitem 25.  of the person whose name apperent the person whose name apperent to have this birth recorded unit of the person whose name apperent to have this birth recorded unit of the person whose name apperent to have this birth recorded unit of the person whose name apperent to have this birth recorded unit of the person whose name apperent to have this birth recorded unit of the person whose name apperent to have this birth recorded unit of the person whose name apperent to have this birth recorded unit of the person whose name apperent the person whose name appeared the person

(1937 Session Laws, Chapter 139, Section 4)

	893-220-olb-719		357000
45		s of date of birth of THIS child)	State File No.
certif g. N	Department of Commerce CERTIFICA	TE OF BIRTH	Local Reg. No
8 💥		OF IDAHO	Reg. Dist. No
COMPLETED daho, for filin : or coin.	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF M	OTHER (At time of this birth)
	(a) County Cassia (b) City Malta		b) County Cassia
355	(c) Street Address or R.F.D. No	(c) City Malta	
₽ <u>`</u> 8	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D	•
<b>04</b> 8	(-) 35-41)	•	lived in Idaho? 32 yrs.
_≒5	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <b>12</b> years months days	3. RESIDENCE OF FATHER	
Mad Se, ord	4 FULL NAME A/	5. Date of Bit	th of Childr
	of CHILD MAUGE LLEN MILL	(Month, da	th of Children - 20,1891
Ŝa ŝ	6. Sex 7cmele 7. Twin or 1f so—bor 1st, 2nd, 3r	8. No. months	
5 8 B	6. Sex /cmele Triplet 1st, 2nd, 3r	of Pregnancy 9  MOTHER 0	
s certificate. Statistics, Bo cents, money	10. FULL T	16. FULL MAIREN /	P
ent set	NAME James 13, 17/66	NAME Jane	ilarne
<b>3</b> 20 5	or Race White 12. Age at time of TMS birth 4.2 yrs.	or Race White	8. Age at time of THIS birth3.2yrs.
# E E		19. Birthplace Va.City	nevada
	(City or town) (State or foreign country)	(City or town)	(State or foreign country)
	14. Exact Occupation Rancher	20. Exact House	ewile
	15. Industry or $\bigcirc$	21. Industry or	0
completin eau of V yment of	Business Calle	Business	
in complession of payment	22. Name prophylactic used to prevent Ophthalmia Neonatorus	m	
E 6 8	23. Number of children of this mother: (a) At time of birth an	d including this child(b) 1	Born alive and now living 6
ribbon in com State Bureau dvance paymer	ATTENDANT	S CERTIFICATE	
ي. ــ	24. I HEREBY CERTIFY That I attended the birth of this	child, who was(Born alive, stillborn	.atM. on the date
혈호류	and at the place stated above, and that personal particular	rs were furnished by	, who is
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		, WIIO 13
M S	related to this child as	(First name)	(Last name)
pewr stage ires	related to this child as(Mother, etc.)	(Pirst name)	(Last name)
typewriter postage to quires an a	related to this child as(Mother, etc.)  25. Attendant's M.D.		
	related to this child as	fe Address	Date
	related to this child as	fe Address  AFFIDAVIT to be completed where the completed where the complete described in the co	Date nen the attendant does not sign
Record CLASS copy re	related to this child as (Mother, etc.)  25. Attendant's M.D. Midwif State of Lasha (Sounty of Cassia Ss.)	AFFIDAVIT to be completed when in Item	Date nen the attendant does not sign n 25.
Record CLASS copy re	25. Attendant's M.D.  26. Mother, etc.)  M.D.  Midwin  State of Cassia (ss.)  I, the undersigned, being first duly sworn, say that I am	AFFIDAVIT to be completed when the find	Date nen the attendant does not sign n 25. he person whose name appears
Record CLASS copy re	related to this child as (Mother, etc.)  25. Attendant's M.D. Midwif State of Lasha (Sounty of Cassia Ss.)	AFFIDAVIT to be completed when the find	Date nen the attendant does not sign n 25. he person whose name appears
BLACK Record FTRST-CLASS certified copy re-	related to this child as.  25. Attendant's M.D. Midwif State of St	AFFIDAVIT to be completed when the Mother, etc.) e, that I have known this person	Date  nen the attendant does not sign n 25.  the person whose name appears for 4.6years, and that
BLACK Record FTRST-CLASS certified copy re-	related to this child as	AFFIDAVIT to be completed when the finite of the complete complete in Item of the complete co	Date nen the attendant does not sign n 25. he person whose name appears for #6years, and that
BLACK Record FTRST-CLASS certified copy re-	25. Attendant's M.D. Midwif State of County of Cassia (ss.  I, the undersigned, being first duly sworn, say that I am in Item 4, above, that I am now years of ag (First name) (Last name) who attended the facts on the certificate above are true to the best of my	AFFIDAVIT to be completed when the finite of the complete complete in Item of the complete co	Date nen the attendant does not sign n 25. he person whose name appears for #6years, and that
Ink or BLACK Record bearing FIRST-CLASS Each certified copy re	related to this child as	AFFIDAVIT to be completed when the finite of the complete complete in Item of the complete co	Date nen the attendant does not sign n 25. he person whose name appears for #6years, and that
Ink or BLACK Record bearing FIRST-CLASS Each certified copy re	related to this child as  25. Attendant's  OWN signature  State of  County of  County of  I, the undersigned, being first duly sworn, say that I am in Item 4, above, that I am now years of ag  Or (First name)  (Lat name)  the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.	AFFIDAVIT to be completed when in Item in Item of the (Mother, etc.) e, that I have known this person is birth. (Is now deceased) or (Cannot knowledge, and that I desire to the complete of t	Date  nen the attendant does not sign in 25.  the person whose name appears for #6
LACK Ink or BLACK Record clope bearing FIRST-CLASS filling. Each certified copy re	25. Attendant's M.D. Midwif State of County of State of S	AFFIDAVIT to be completed when in Item the (Mother, etc.) e, that I have known this person is birth	Date  nen the attendant does not sign n 25.  the person whose name appears for # 6
BLACK Ink or BLACK Record avelope bearing FIRST-CLASS r filing. Each certified copy re	25. Attendant's M.D. Midwif State of St	AFFIDAVIT to be completed when in Item the (Mother, etc.) e, that I have known this person is birth (Is now deceased) or (Cannot knowledge, and that I desire to the control of the contro	Date  nen the attendant does not sign n 25.  the person whose name appears for # 6
BLACK Ink or BLACK Record avelope bearing FIRST-CLASS r filing. Each certified copy re	25. Attendant's M.D. Midwif State of County of State of S	AFFIDAVIT to be completed when in Item the (Mother, etc.) e, that I have known this person is birth (Is now deceased) or (Cannot knowledge, and that I desire to the complete of the complete	Date  nen the attendant does not sign n 25.  the person whose name appears for years, and that  be located)  have this birth recorded under  Signature  P. O. Address  19. (19. (19. (19. (19. (19. (19. (19. (
y BLACK Ink or BLACK Record envelope bearing FIRST-CLASS for filing. Each certified copy re	25. Attendant's M.D. Midwif State of County of State of S	AFFIDAVIT to be completed when in Item the (Mother, etc.) e, that I have known this person is birth (Is now deceased) or (Cannot knowledge, and that I desire to the control of the contro	Date  nen the attendant does not sign n 25.  the person whose name appears for years, and that  be located)  have this birth recorded under  Signature  P. O. Address  19. (19. (19. (19. (19. (19. (19. (19. (

(1937 Session Laws, Chapter 139, Section 4)

# STATE OF IDAHO DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

State of Idano	1	GINAL CERTIFICATE OF BIRTH OR DEATH One of the control of the cont
County of Cassia	ss.	Date Filed
		n the certificate of birth
for Maude Ellen Hitt	wh	on Aug. 20, 1891
(Name on Original Certific in Malta, Idaho	cate)	(Was Born or Died) (Date of Event) were ombitted; and that, to the best of his knowledge, the
	ly record pre	epared on at time of this birth, are: (Give Date)
FACTS TO BE CORRECTED	FROM	TO
("Name," "Birth Date," "Cause of Death,"		
birthdate	birth 1896	1891
Subscribed and sworn to before me this day of	Rurley, Idaho	Signed  (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)  Burley, Idaho.
(Seal)	······································	(Street Address, City, State)
Tdaho	ORTING AFFIDAVIT O	OF A SECOND PERSON
State of Idaho County of Cassia		[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,) ]
The undersigned does solemnly sw	rear that he has knowled	ige of the corrected facts as set forth above and that they
are true to the best of his knowledge. Subscribed and sworn to before me the day of	is29th 944 V.	(Signature of Any Credible Person)
Notary Public, residing at	301-JeyTano.	(Street Address, City, State) Burley, Idaho

V16L & 700

	229-123-015-155		357944	<b>35794</b> 4
COMPLETED certifiaho, for filing. No		sure the information is as o	of date of birth of THIS child)	State File No
£	Department of Commerce	CERTIFICAT	E OF BIRTH	Local Reg. No
ဗိန္တ	Bureau of the Census	STATE O	F IDAHO	Reg. Dist. No
용물	1. PLACE OF BIRTH (All items at t	time of this birth)	2. USUAL RESIDENCE OF M	OTHER (At time of this birth)
	(a) County Caribou (b)	City Soda Springs	(a) State Idaho (	b) County Caribou
	(c) Street Address or R.F.D. No		(c) City Soda Sprin	<b>S</b> \$
P. S.	(d) Name of Hospital or Maternity	y Home:	•	•
O to				. No
o i i	(e) Mother's stay <b>BEFORE</b> delive IN <b>THIS</b> county <b>10</b> years	ry:	(e) How long has MOTHER 3. RESIDENCE OF FATHER	lived in Idaho? 26 yrs. (city, state) Soda Spring
Mail ( se, Id order	4. FULL NAME Smith J. Ski		5. Date of Bir	th of Chil Feb. 23, 1891
	7. Twin or	If so—born	(Month, da 8. No. months	y, year) F = V • F D • 1001
icate. cs. Bo money	6. Sex Male Triplet	XX 1st, 2nd, 3rd	of Pregnancy 9	9. Legitimate? Yes
5 5 E	FATHER OF C	HILD	MOTHER O	F CHILD
ist is	10. FULL William th Stein		16. FULL MAIDEN NAME Nary Ann	Towns
e 12 6	10. FULL NAME William H. Skin 11. Color 12. A	ge at time 77		
± 200 €	or Page Willie	f TLTTC hinth JO ure	17. Color white 1	8. Age at time of THIS birth 38 yrs.
お望む	13 Birthplace N	ew York	10 Birthplace	Denmark
	13. Birthplace (City or town) (S	State or foreign country)	19. Birthplace (City or town)	(State or foreign country)
45 E	Parmer	e de la companya del companya de la companya del companya de la co	20. Exact Hous	ewife
E o ti	15. Industry or Farming  Business Farming		21 Industry or	
D and	Business Farming		Business Home Ma	king
a c	22. Name prophylactic used to preven	nt Onhthalmia Neonatorum		
	23. Number of children of this mothe	r. (a) At time of birth and	including this shild 8 (b) I	form alive and new living 5
ribbon State 1 Ivance	23. Number of children of this mothe	ATTENDANT'S		orn anve and now hving v
2 8 8 A	24 I HEDERY CEPTIEV That I a			at M on the data
10 g	24. I HEREBY CERTIFY That I a	ttended the birth of this t	(Born alive, stillborn)	at
an te	and at the place stated above, an	d that personal particulars	were furnished by	, who is
W 1	related to this child as		(First name)	(Last name)
ireste	OF Attendents	(Mother, etc.) M.D.		
d typew S postag requires	25. Attendant's OWN signature		Address	Date
	State of Idaho			
Reco CLAS Copy	County of Caribou	······} ss.	AFFIDAVIT to be completed wh	
			in Iten	
N S S	I, the undersigned, being first d	uly sworn, say that I am t	the Brother of t	he person whose name appears
SLACK FIRST- ertified	I, the undersigned, being first din Item 4, above, that I am now	63 years of age	(Mother, etc.) that I have known this person f	or 51 years and that
関門が	Smith J.Skinner	, , , , , , , , , , , , , , , , , , ,	Do not know	- A
2 2 4	(First name) (Last name)	ame) who attended this	birth Do not know (Is now deceased) or (Cannot	be located)
la k	the facts on the certificate above ar	re true to the best of my l	knowledge, and that I desire to	have this birth recorded under
E SE	Chapter 139, 1937 Session Laws.	Olar to	& Ochman	
LACK Ink or elope bearing filing. Each				
Apple	•	<b>∽</b> Sc	da Springs, <sup>I</sup> daho	P. O. Address
only BLACK in envelope ge for filing.	Subscribed and sworn to before-			
fy Bi	Subscribed and sworm to belone	Will Conday of		. Soda Smringa
	(SEAL) (Note: Perjury is punishable as	a felony in Idaho: soo Soo	Notary Public, resid	ing at Idaho.
Use cate	Croce. I et jury is pullishable as	a relong in Idano, see Sec.	Classic Com Agricates.)	
5 8 €	Received for filing on OCT	5 1919	yl I wy	Registrar.
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# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

294-124-006-386 United States (Be sure the information is as of date of birth of THIS child) State File No. Department of Commerce OCT 12 1942 CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Bingham (b) City Burton (a) State...Idaho......(b) County....Bingham (c) Street Address or R.F.D. No. (c) City ......Burton (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... at home (e) How long has MOTHER lived in Idaho?.....60.....vrs. (e) Mother's stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Idaho. IN THIS county 6 years months days 4. FULL NAME 5. Date of Birth of Child of CHILD Chase William Kimball (Month, day, year) Aug. 24,1891 7. Twin or If so-born 8. No. months 6. Sex Male of Pregnancy 9 9. Legitimate? yes Triplet 1st, 2nd, 3rd FATHER OF CHILD MOTHER OF CHILD 10. FULL NAME William Gheen Kimball NAME Calista Florence Thornton 11. Color 12. Age at time 17. Color 18. Age at time or Race White or Race....White..... of THIS birth....40....vrs. of THIS birth....37 vrs. 13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country) 19. Birthplace Beauer Island Michigan (City or town) (State or foreign country) 14. Exact 20. Exact Occupation Farmer Occupation housewife 15. Industry or 21. Industry or Farmer Business housewife\_\_\_\_ Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_at \_\_\_\_M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....(Mother, etc.) 25. Attendant's M.D. **OWN** signature Midwife Address Date State of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign County of Jefferson in Item 25. I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for from birth and that Mary Peterson , who attended this birth is now deceased ....... I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Calista 7, Kimball Signature Ririe Idaho P.O. Address 9 42 of October 19 42 Subscribed and sworn to before me this...... Received for filing on  $\Omega$ CT 12 1942 by

(1937 Session Laws, Chapter 139, Section 4)
Where the birth of a child born prior to the effective date of Chapter

165-219-036-958 United States (B State File No. (Be sure the information is as of date of birth of THIS child) Department of Commerce 1 3 1942 CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Oneida (b) City Malad (a) State....Idaho......(b) County.....Oneida..... (c) Street Address or R.F.D. No. (c) City Malad (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. At Home (e) How long has MOTHER lived in Idaho?....50......yrs. (e) Mother's stay **BEFORE** delivery: IN THIS county 35 years months 3. RESIDENCE OF FATHER (city, state) Malad. Ida. 4. FULL NAME 5. Date of Birth of Child (Month, day, year) Oct.19,1891 OF CHILD Mary Enid Jones 7. Twin or If so—born 8. No. months 6. Sex Female Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Mary Reynolds NAME William Phillip Jones 18. Age at time 11. Color 12. Age at time 17. Color or Race. White of THIS birth 39 yrs. or Race White of THIS birth...35.....vrs. 19. Birthplace Wales (City or town) (State or foreign country) 13. Birthplace Wales (City or town) (State or foreign country) 20. Exact 14. Exact Occupation Shoemaker Occupation Housewife 21. Industry or 15. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child......(b) Born alive and now living...... ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_at \_\_\_\_\_M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by.

(First name) (Last name) related to this child as....(Mother, etc.) 25. Attendant's **OWN** signature Midwife Address Date State of California Scounty of Los Angeles Ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25. Mary Stewart, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. 15043 Victory Blvd., Van Nuys, Califp O Address Subscribed and sworn to before me this...... (SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho, Code Annovated.) Received for filing on OCT 1 3 1942

(1937 Session Laws, Chapter 139, Section 4)

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₽S	United States		rmation is as o	f date of birth of THI	S child) State	$_{\text{File N}}$ $358060$
ž.	Department of Commerce		CERTIFICATE		Loca	l Reg. No
ပိ <u>နှင့်</u>	Bureau of the Census	001	STATE OF		· -	Dist. No
COMPLETED cedaho, for filing.		me (b) City Mue	en	(a) State. Ld.	tho. (b) con	R (Attime of this birth)
121		R.F.D. No		(c) City We	illen.	*
ho,	(d) Name of Hospital (	or Maternity Home:		(d) Street Addres	s or R.F.D. No	7
	(e) Mother's stay BEF IN THIS county		days	(e) How long has 3. RESIDENCE OF	MOTHER lived FATHER (city,	in Idaho?yrs. state)
Mai koise, y ord	4. FULL NAME OF CHILD	a myrtle C		で、 <sup>5. I</sup>	Date of Birth of ( Month, day, year	hild march 28th
er te	6. Sex temple	7. Twin or ( Triplet	If so—born 1st, 2nd, 3rd	8. No. mo of Pre		9. Legitimate?
<b>2</b> 2 2 2	FAT	THER OF CHILD	T	M	OTHER OF CH	
ts,	10. FULL John	, connor	ا ، بم	16. FULL MAIDEN NAME	800 a 8 d	miston
nis ce Stat y cen	or Race Wh	12. Age at time of THIS birth.	30 yrs.	17. Color wh	18. Age	at time THIS birth 22. yrs.
it to the	13. Birthplace Calr	ners Falls	never 40 h	19. Birthplace	mm Co.	Kansas.
	14 Exact (City or to	•	country)	00 57 4	· •	State or foreign country)
t of sec	Occupation / Y	iner.		Occupation	House	vife.
om) sau men	15. Industry or Business	en kantone en entre en	V- 11	21. Industry or Business	·	U
a ure	22. Name prophylactic us	ed to prevent Ophthalmia	Neonatorum.			
a B B	23. Number of children of					
243				CERTIFICATE		4
ad va	24. I HEREBY CERTIF					M. on the date
rite se to	and at the place state	ed above, and that person	al particulars	were furnished by	(First name)	, who is
is the w	related to this child a	S(Mother, etc.)	••••••			
<u> </u>	25. Attendant's	(Mother, etc.)	M.D.			
202	OWN signature	<del>/</del>	Midwife	Address		Date
AS Y	State of		A	FFIDAVIT to be con	npleted when the	attendant does not sign
5 급열	County of	esg (SS.			in Item 25.	<del>-</del>
ST ST	I, the undersigned, b	eing first duly sworn, sa	y that I am t	he Moller	of the per	son whose name appears
<b>38</b>	in Item 4, above, that I	am now	years of age,	that I have known th	is person for $X$	years, and that
E E E						,
		who	attended this	birth		i rurtner state that
2 달린경	(Pirst name)	(Last name)	attended this	birth(Is now deceased	) or (Cannot be locat	ed)
Ink or earing Each		ite above are true to the	attended this is best of my k	mowledge, and that I	desire to have the	nis birth recorded under
K Ink of e bearing g. Each	(Pirst name) the facts on the certifica	ite above are true to the	attended this best of my k	nowledge, and that I	desire to have t	nis birth recorded underSignature
ACK Ink or dope bearing iling. Each	(Pirst name) the facts on the certifica	te above are true to the Laws.	best of my k	nowledge, and that I	desire to have the	nis birth recorded underSignature
BLACK Ink or nvelope bearing r filing. Each	(Pirst name) the facts on the certifica Chapter 139, 1937 Session	te above are true to the Laws.	best of my k	convoledge, and that I	desire to have the same of the	nis birth recorded under Signature P. O. Address
lly BLACK Ink of the envelope bearing for filling. Each	(Pirst name) the facts on the certifica Chapter 139, 1937 Session Subscribed and sworn	n to before me this	best of my k  Bla  449/0.  January day of	composition of the composition o	desire to have to	Signature P. O. Address
only BLACK Ink or e in envelope bearing rge for filing. Each	(Pirst name) the facts on the certifica Chapter 139, 1937 Session Subscribed and sworn	te above are true to the Laws.	best of my k  Bla  449/0.  January day of	composition of the composition o	desire to have to	Signature P. O. Address
Use only BLACK Ink or cate in envelope bearing charge for filing. Each	(Pirst name) the facts on the certifica Chapter 139, 1937 Session Subscribed and sworn	n to before me thisnishable as a felony in Io	best of my k  Class  Jana day of  Jaho; see Sec.	Notary P	desire to have to	Signature P. O. Address

(1937 Session Laws, Chapter 139, Section 4)

- Barrie		7951141024967	25000
45	U	795-114024967 United States Besture the information is as	of date of birth of THIS child) State File N3 58094
Ē	D		E OF BIRTH Local Reg. No
8 🙀	В	sureau of the Census STATE O	F IDAHO Reg. Dist. No
88	1.	. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
		(a) County Latah (b) City Kendrick	(a) State Idaho (b) County Latah
PLE for		(c) Street Address or R.F.D. No. R. F. D. #1	(c) City Kendrick
COMPLETED daho, for filin		(d) Name of Hospital or Maternity Home:  Born At home	(d) Street Address or R.F.D. No. R. F. D. #1
<u> </u>	•		l
	_	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county 3 years 2 months 10days	
Ma Ise,	4.	FULL NAME Wesley Alonzo Green	5. Date of Birth of Child
. G	•	7. Twin or If so—born	(Month, day, year)
8, % I	6.	Sex male Triplet 1st, 2nd, 3rd	of Pregnancy 9 9. Legitimate? yes
ti iii		FATHER OF CHILD	MOTHER OF CHILD
ert tis	. 10	0. FULL NAME Joseph Green	16. FULL MAIDEN NAME Alice Rogers
o sta	1:	1. Color 12. Age at time or Race white of THIS birth 40 yrs.	17. Color 18. Age at time or Race white of THIS birth 30 yrs.
t iji		or Race Walle of THIS birth 49 yrs.	
1.52 T	13	3. Birthpla@hillicothe , Ohio (State or foreign country)	19. Birthplace Springfield Illinois (City or town) (State or foreign country)
# # # # # # # # # # # # # # # # # # #	14	4. Exact Occupation Farmer	20. Exact Occupation house wife
nt of pi	1!	Occupation Farmer  5. Industry or	21, Industry or
au au		Business Wereman or	Business
n c	2	2. Name prophylactic used to prevent Ophthalmia Neonatorum	nothing
	. 2	3. Number of children of this mother: (a) At time of birth and	including this shild 7 (b) Rom alive and new living 7
		a. Indinder of charge of the property, (a) At time of out in and	- including this chira
ate of		ATTENDANT'S	CERTIFICATE
ribbo State dvanc		ATTENDANT'S	CERTIFICATE
ter ribbo to State		4. I HEREBY CERTIFY That I attended the birth of this	child, who wasatM. on the date
vriter ribbo ge to State		4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars	child, who wasatM. on the date
pewriter ribbo stage to State res an advanc		4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as  (Mother, etc.)	CERTIFICATE
typewriter ribbo postage to State quires an advance	24	4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who wasatM. on the date
rd typewriter ribbo SS postage to State requires an advance	2:	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as  5. Attendant's M.D. Midwife Midwife	child, who wasatM. on the date When the date When the date Who is (First name) Who is
ecord typewriter ribbo LASS postage to State ny requires an advance	2:	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who wasat, M. on the date, who is, who is, address
Record typewriter ribbo -CLASS postage to State cony requires an advance	2:	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who wasat, M. on the date, who is, who is, address, Date
OK Record typewriter ribbo ST-CLASS postage to State fied conv requires an advance	2: 	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who wasatM. on the date
LACK Record typewriter ribbo TRST-CLASS postage to State	2: 	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who was
BLACK Record typewriter ribbo g FIRST-CLASS postage to State certified cory requires an advance	2: 	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who was
t or BLACK Record typewriter ribboring FIRST-CLASS postage to State as be certified conv requires an advance	24 S C	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who wasatM. on the date
Ink or BLACK Record typewriter ribbo earing FIRST-CLASS postage to State Each certified conv requires an advance	24 S C ir	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as  5. Attendant's M.D. Midwife Mashington Spokane Spokane Spokane Spokane Spokane Spokane Mrs. Anderson Crawford Mashington Mashington Mrs. Anderson Crawford Mashington Mrs. Anderson Crawford Mashington Mashington Mrs. Anderson Crawford Mashington Mashingto	child, who was
Ink or BLACK bearing FIRST-C	2 S C ir	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as  5. Attendant's M.D. Midwife Mashington Spokane Spokane Spokane Spokane Spokane Spokane Mrs. Anderson Crawford Mashington Mashington Mrs. Anderson Crawford Mashington Mrs. Anderson Crawford Mashington Mashington Mrs. Anderson Crawford Mashington Mashingto	child, who was
ACK Ink or BLACK lope bearing FIRST-dling. Each certified	2 S C ir	ATTENDANT'S  and at the place stated above, and that personal particulars related to this child as	child, who was (Born alive stillborn) at M. on the date were furnished by (Last name) (Last name) were furnished by (First name) (Last name)  Address Date  AFFIDAVIT to be completed when the attendant does not sign in Item 25.  the brother of the person whose name appears (Mother, etc.) that I have known this person for 51 years, and that birth Is now deceased I further state that (Is now deceased) or (Cannot be located) knowledge, and that I desire to have this birth recorded under
LACK Ink or BLACK elope bearing FIRST-diling. Each certified	24 - S C ir tl	ATTENDANT'S  and at the place stated above, and that personal particulars related to this child as	child, who was
y BLACK Ink or BLACK envelope bearing FTRST-for filing. Each certified	24 - S C ir tl	ATTENDANT'S  and at the place stated above, and that personal particulars related to this child as	child, who was (Born alive stillborn) at M. on the date (Born alive stillborn) were furnished by (First name) (Last name) Address  Address  Date  AFFIDAVIT to be completed when the attendant does not sign in Item 25.  the brother of the person whose name appears (Mother, etc.) years, and that I have known this person for 51 years, and that is birth Is now deceased (Is now deceased) if further state that (Is now deceased) or (Cannot be located) knowledge, and that I desire to have this birth recorded under Smith, Spokane, Washington  September 19.42
LACK Ink or BLACK elope bearing FIRST-diling. Each certified	24 - S C ir tl	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who was (Born alive stillborn) at M. on the date (Born alive stillborn) were furnished by (First name) (Last name) Address  Address  Date  AFFIDAVIT to be completed when the attendant does not sign in Item 25.  the brother of the person whose name appears (Mother, etc.) years, and that I have known this person for 51 years, and that is birth Is now deceased (Is now deceased) if further state that (Is now deceased) or (Cannot be located) knowledge, and that I desire to have this birth recorded under Smith, Spokane, Washington  September 19.42
y BLACK Ink or BLACK envelope bearing FTRST-for filing. Each certified	2 2 S C ir tl C	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who was (Born alive stillborn) at M. on the date (Born alive stillborn) were furnished by (First name) (Last name) Address  Address  Date  AFFIDAVIT to be completed when the attendant does not sign in Item 25.  the brother of the person whose name appears (Mother, etc.) years, and that I have known this person for 51 years, and that is birth Is now deceased (Is now deceased) if further state that (Is now deceased) or (Cannot be located) knowledge, and that I desire to have this birth recorded under Smith, Spokane, Washington  September 19.42

(1937 Session Laws, Chapter 139, Section 4)

	192-203-0	201-365		39	50099	252040
48	United States	(Be s	ure the information is as	of date of birth of T	HIS child) S	State File No.
12.	Department of Com	merce	CERTIFICAT			ocal Reg. No
ဗိ 🙀	Bureau of the Censu	us	STATE O	F IDAHO		Reg. Dist. No
ED ce	1. PLACE OF BIRT	H (All items at ti	me of this birth)	2. USUAL RESID	ENCE OF MOT	HER (At time, of this birth)
	(a) County	(b) C	ity. Boise	(a) State 9	the (b)	County ada
						Eagle Island
E . 8	(d) Name of Hos	pital or Maternity	Home:			
P P P				(d) Street Add	ress or R.F.D. N	0
08.	(e) Mother's stay	BEFORE delivery	":	(e) How long h	as <b>MOTHER</b> liv	ved in Idaho? Land yrs.
₽Ţ₽		nty 26 years	months 3 days	0. 20202011.021	A TATALAN (CI	tty, state)
S S	4. FULL NAME OF CHILD	Bertlin D	ell Cikens	5	. Date of Birth	of Child
e Be	, , , ,	7. Twin or	If so—born	8 No	(Month, day, y months	year) May 3, 1821
S. Set	6. Sex plmail	Triplet	1st, 2nd, 3rd		regnancy	9. Legitimate? 440
報語は	10 ******	FATHER OF CH	ILD		MOTHER OF	CHILD
tis	10. FULL	mas Hrigh	Cullens	16. FULL MAIDE	nany Jan	ne Conwar
Sta S	11. Color		e at time	17. Color	18	Age at time
H P	or Race	lute of	THIS birth 4.3.yrs.			of THIS birth26yrs.
ita t	13. Birthplace 📆	onia Scot	ia	19. Birthplace		I dalso
Ĩof	14. Exact (Cit	y or town) (Sta	ate or foreign country)	20. Exact	(City or town)	(State or foreign country)
t g je	Occupation	asming		Occupation _	housen	sife on Jam
	15. Industry or $V$	and Plan	t as	21. Industry or		
00 8	Business	209 872	lock rousing	Business	farming.	4 lifestock
검절됐			Ophthalmia Neonatorum.		<i>'</i>	······································
୍ଞ୍ଲିଷ	23. Number of child	ron of this mother.	(a) At time of hirth and	المام حنطة وسناتوراهما	2 (h) Pom	n aliena and many living a . 9:
		ten of this mother.	(a) At this of birth and	including this child	(U) DOLI	n anve and now hving
bbb tate			ATTENDANT'S	CERTIFICATE		
ribbo State dvanc			ATTENDANT'S	CERTIFICATE		
ter ribbo to State n advanc	24. I HEREBY CEI	RTIFY That I att	ATTENDANT'S ended the birth of this	CERTIFICATE child, who was	atat	M. on the date
vriter ribbo ge to State s an advanc	24. I HEREBY CEI	RTIFY That I att	ATTENDANT'S ended the birth of this of that personal particulars	CERTIFICATE child, who was	atat	
pewriter ribbo stage to State res an advanc	24. I HEREBY CEI	RTIFY That I att	ATTENDANT'S ended the birth of this of that personal particulars	CERTIFICATE child, who was	atatat	
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rd typewriter ribbo is postage to State requires an advanc	24. I HEREBY CEI and at the place related to this cl 25. Attendant's OWN signature	RTIFY That I att	ended the birth of this of that personal particulars  other, etc.)	CERTIFICATE child, who was	atatat	
cord typewriter ribbo ASS postage to State by requires an advanc	24. I HEREBY CEI and at the place related to this cl 25. Attendant's OWN signature State of	RTIFY That I att stated above, and hild as (M	ended the birth of this that personal particulars  other, etc.)  M.D.  Midwife	CERTIFICATE child, who was (Born were furnished by  Address	alive, stillborn) (First name)	
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K Record typewriter ribbo T-CLASS postage to State ed copy requires an advance	24. I HEREBY CEI and at the place related to this cl 25. Attendant's OWN signature State of County of I. the undersign	RTIFY That I att stated above, and hild as(M	ended the birth of this that personal particulars  other, etc.)  M.D.  Midwife	certificate child, who was (Born were furnished by  Address  AFFIDAVIT to be of	alive, stillborn)  (First name)  completed when in Item 25	
ACK Record typewriter ribbo RST-CLASS postage to State tifled copy requires an advanc	24. I HEREBY CEI and at the place related to this cl 25. Attendant's OWN signature State of County of I. the undersign	RTIFY That I att stated above, and hild as(M	ended the birth of this that personal particulars  other, etc.)  M.D.  Midwife	certificate child, who was (Born were furnished by  Address  AFFIDAVIT to be of	alive, stillborn)  (First name)  completed when in Item 25	
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r BLACK Record typewriter ribbo ig FIRST-CLASS postage to State h certified copy requires an advanc	24. I HEREBY CEI and at the place related to this cl 25. Attendant's OWN signature State of County of I, the undersign in Item A, above, th	RTIFY That I att stated above, and hild as(M	ended the birth of this that personal particulars  other, etc.)  M.D.  Midwife  ss.  y sworn, say that I am the system of age,  who attended this	certificate child, who was (Born were furnished by  Address  AFFIDAVIT to be of the (Mother, etc.) that I have known birth	alive, stillborn)  (First name)  completed when in Item 25 of the part of the	Date  the attendant does not sign of the appears years, and that
k or BLACK Record typewriter ribbo ring FIRST-CLASS postage to State ach certified copy requires an advanc	24. I HEREBY CEI and at the place related to this cl 25. Attendant's OWN signature State of	RTIFY That I att stated above, and hild as(M	ended the birth of this of that personal particulars  other, etc.)  M.D.  Midwife   ss.  y sworn, say that I am the	child, who was	alive, stillborn)  (First name)  completed when in Item 25 of the part of the	Date  the attendant does not sign because whose name appears  Justin and the date of the attendant does not sign for the atten
Ink or BLACK Record typewriter ribbo earing FIRST-CLASS postage to State Each certified copy requires an advand	24. I HEREBY CEI and at the place related to this cl 25. Attendant's OWN signature State of	RTIFY That I att stated above, and hild as	ended the birth of this of that personal particulars  other, etc.)  M.D.  Midwife   ss.  y sworn, say that I am the	child, who was	at	Date  the attendant does not sign because of the strength of t
IK Ink or BLACK Record typewriter ribbo e bearing FIRST-CLASS postage to State g. Each certified copy requires an advanc	and at the place related to this cl. 25. Attendant's OWN signature State of County of I, the undersign in Item A, above, the (First name) the facts on the cer	RTIFY That I att stated above, and hild as	ended the birth of this of that personal particulars  other, etc.)  M.D.  Midwife   ss.  y sworn, say that I am the	child, who was	at	Date  the attendant does not sign because whose name appears  Justin and the date of the attendant does not sign for the atten
ACK Ink or BLACK Record typewriter ribbo lope bearing FIRST-CLASS postage to State ling. Each certified copy requires an advanc	and at the place related to this cl. 25. Attendant's OWN signature State of County of I, the undersign in Item A, above, the (First name) the facts on the cer	RTIFY That I att stated above, and hild as	ended the birth of this of that personal particulars  other, etc.)  M.D.  Midwife   ss.  y sworn, say that I am the	child, who was	at	Date  the attendant does not sign 5.  person whose name appears years, and that coated  I further state that the this birth recorded under  W.W. Signature
BLACK Ink or BLACK Record typewriter ribbo velope bearing FIRST-CLASS postage to State filing. Each certified copy requires an advance	and at the place related to this cl.  25. Attendant's OWN signature  State of	RTIFY That I att stated above, and hild as	ATTENDANT'S ended the birth of this that personal particulars other, etc.)  M.D. Midwife  Ss.  y sworn, say that I am years of age, who attended this true to the best of my	certificate child, who was (Born were furnished by  Address  AFFIDAVIT to be of the (Mother, etc.) that I have known birth (Is now decease knowledge, and that	at	Date  the attendant does not sign because of the strength of t
y BLACK Ink or BLACK Record typewriter ribbo envelope bearing FIRST-CLASS postage to State for filing. Each certified copy requires an advanc	and at the place related to this class of the signature state of the signature state of the undersign in Item A, above, the facts on the cer Chapter 139, 1937 Services and Subscribed and	RTIFY That I att stated above, and hild as	ended the birth of this of that personal particulars  other, etc.)  M.D.  Midwife   ss.  y sworn, say that I am the	certificate child, who was (Born were furnished by  Address  AFFIDAVIT to be of the (Mother, etc.) that I have known birth (Is now decease knowledge, and that	alive, stillborn)  (First name)  completed when in Item 25 of the particle of (Cannot be left) or (Cannot	Date  the attendant does not sign 5.  person whose name appears  years, and that  coated I further state that to this birth recorded under  WMM Signature  P. O. Address  19 47
only BLACK Ink or BLACK Record typewriter ribbo in envelope bearing FIRST-CLASS postage to State ye for filing. Each certified copy requires an advanc	and at the place related to this cl  25. Attendant's OWN signature  State of	RTIFY That I att stated above, and hild as	ended the birth of this that personal particulars  other, etc.)  M.D.  Midwife  ss.  y sworn, say that I am  years of age,  who attended this  true to the best of my  e this description day of	CERTIFICATE child, who was (Born were furnished by  Address  AFFIDAVIT to be of the (Mother, etc.) that I have known birth (Is now decease knowledge, and that	alive, stillborn)  (First name)  completed when in Item 25 of the particle of (Cannot be law) of desire to have the public residing	Date  the attendant does not sign 5.  person whose name appears  years, and that  coated I further state that to this birth recorded under  WMM Signature  P. O. Address  19 47
se only BLACK Ink or BLACK Record typewriter ribbo te in envelope bearing FIRST-CLASS postage to State arge for filing. Each certified copy requires an advance	and at the place related to this cl  25. Attendant's OWN signature  State of	RTIFY That I att stated above, and hild as	ATTENDANT'S ended the birth of this that personal particulars other, etc.)  M.D. Midwife  Ss.  y sworn, say that I am years of age, who attended this true to the best of my	CERTIFICATE child, who was (Born were furnished by  Address  AFFIDAVIT to be of the (Mother, etc.) that I have known birth (Is now decease knowledge, and that	alive, stillborn)  (First name)  completed when in Item 25 of the particle of (Cannot be law) of desire to have the public residing	Date  the attendant does not sign 5.  person whose name appears  years, and that  coated I further state that to this birth recorded under  WMM Signature  P. O. Address  19 47
Use only BLACK Ink or BLACK Record typewriter ribbo cate in envelope bearing FIRST-CLASS postage to State charge for filing. Each certified copy requires an advance	and at the place related to this cl  25. Attendant's OWN signature  State of	RTIFY That I att stated above, and hild as	ended the birth of this that personal particulars  other, etc.)  M.D.  Midwife  ss.  y sworn, say that I am  years of age,  who attended this  true to the best of my  e this description day of	CERTIFICATE child, who was (Born were furnished by  Address  AFFIDAVIT to be of the (Mother, etc.) that I have known birth (Is now decease knowledge, and that	alive, stillborn)  (First name)  completed when in Item 25 of the particle of	Date  the attendant does not sign 5.  person whose name appears  years, and that  coated I further state that to this birth recorded under  WMM Signature  P. O. Address  19 47

(1937 Session Laws, Chapter 139, Section 4)

	719-210-022-557		352911
48	United States (Be sure the i	nformation is as of date of birth of THIS c	hild) State File No.
12.7	Department of Commerce  Bureau of the Census  OCT 1 9 1942	CERTIFICATE OF BIRTH	Local Reg. No
වී 💥	Bureau of the Census QCT 1 9 1942	STATE OF IDAHO	Reg. Dist. No
filing.	1. PLACE OF BIRTH (All items at time of thi		OF MOTHER (At time of this birth)
	(a) County freshout (b) City J	(a) State	10 (b) County Tremout
PLE for	(c) Street Address or R.F.D. No	(c) City Jeto	
(PLF)	(d) Name of Hospital or Maternity Home:	(d) Street Address of	R.F.D. No.
COMPLETED certification for filing. Not on coin.	stayed ar no		THER lived in Idaho? 3.2 vrs.
	(e) Mother's stay BEFORE delivery: IN THIS county  years mon		THER (city, state)
يِّ مُ اِ	4. FULL NAME & Mail		of Birth of Child
<b>A</b> 8 9	OF CHILD OLG	CACCO (Mo	nth, day, year)
ate. oney	6 Sov 7 a 7. Twin or	If so—born 8. No. month 1st, 2nd, 3rd of Pregnat	
<b>5</b> 8 8	6. Sex † omela Triplet FATHER OF CHILD		HER OF CHILD
ë st	10. FULL	16 FULL MAIDEN	· ce
statis cents	NAME COURT STAR	NAME Carely	u Jamence
<b>- 3</b> 22 2	or Race of THIS bit		18. Age at time 2 3 yrs.
音楽芸	13. Birthplace neudon Ut	19. Birthplace W. 67	erckshire England
E SE	(City or town) (State or fore	ign country) (City or	town) (State or foreign country)
	14. Exact Occupation 7 A	20. Exact Occupation	ouse wife
	15. Industry or	21. Industry or	
comple eau of yment	Business	Business	
in comple Bureau o	22. Name prophylactic used to prevent Ophthal	mia Neonatorum	•••••••••••••••••••••••••••••••••••••••
	23. Number of children of this mother: (a) At	time of birth and including this child5	(b) Born alive and now living 5
r ribbon o State l advance		ATTENDANT'S CERTIFICATE	
T 55 &	24. I HEREBY CERTIFY That I attended the	ne birth of this child, who was	
riter e to an a	and at the place stated above, and that per		
E 144			t name) (Last name)
typewri postage juires a	related to this child as(Mother, etc.	······································	
rd typew is posta, requires	25. Attendant's	M.D.	Date
E gg &	OWN signature	Midwife Address	Date
Record CLAS CODY	State of	AFFIDAVIT to be comple	eted when the attendant does not sign
절환용	County of Salt Fale Ss.	-4.0	in Item 25.
	I, the undersigned, being first duly sworn	, say that I am the Molling	of the person whose name appears
BLACK FIRST: certified	in Item 4, above, that I am now 74	(Mother, etc.)	erson for years, and that
<b>⊠</b> ⊭ §		who attended this birth now dece	
유튜역	(Pirst name) (Last name)	(Is now deceased) or	(Cannot be located)
둮첉뛇	the fects on the certificate above are true to	the best of my knowledge, and that I des	sire to have this birth recorded under
	Chapter 139, 1937 Session Laws.	Curaline Gardner (	Signature
LACE elope filing		Quil & gold & &	alt lake bily ht; O. Address
E GE			
y BLACK Ink or BLACK envelope bearing FIRST. for filing. Each certified	Subscribed and sworn to before me this	15 day of O.A.	1943
only in e	(SEAL) Florence S	Manaer Notary Publi	c, residing at Self Kake bit, W
se o	(Note: Perjury is punishable as a felony i	n Idaho; see Sec. 17-91 Aldaho Code Anno	tated)
5.63 €	Received for filing on	by later to	Lulum, Registrar.
			•

and the great of the control of the control of

marka kaki

# DELAYED REGISTRATION LAW

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after the Application of the Additional Application on the Application of the Application

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in

the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

31.1.1 state \$1

# DELAYED REGISTRATION LAW

DELAYED stamp added to the face of the certificate on 12/01/2014 SJP.

(1937 Session Laws, Chapter 139, Section 4)
Where the birth of a child born prior to the effective date of Chapter

191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth, which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYE

238-221-007-553	359 <b>59</b> 6
Department of Commerce . CERTIFICAT	of date of birth of THIS child) State File No
	OF IDAHO Reg. Dist. No. 410
1. PLACE OF BIRTH (All items at time of this birth)  (a) County Blaine (b) City Hailey  (c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State
4. FULL NAME Wilhelmina Sophia Schwamb	5. Date of Birth of Child 11-21-1891 (Month, day, year)
7. Twin or If so—born 6. Sex Female Triplet 1st, 2nd, 3rd	8. No. months
FATHER OF CHILD	MOTHER OF CHILD
10. FULL Harry Claude Schwamb	16. FULL MAIDEN Mary C. Nelson
11. Color or RaceWhite 12. Age at time 35 vrs.	17. Color White 18. Age at time
13. Birthplace San Francisco, California (City or town) (State or foreign country)	19. Birthplace Boise Valley, Idaho (City or town) (State or foreign country)
14. Exact Carpenter	20. Exact Housewife
15. Industry or	21. Industry or
Business Same	Business Home
22. Name prophylactic used to prevent Ophthalmia Neonatorum	a AgNo3
	nd including this child (b) Born alive and now living
24. I HEREBY CERTIFY That I attended the birth of this ch	hild, who was Born Aliva M. on the date
and at the place stated above and that personal particular related to this child as MO the r (Mother, etc.)	rs were furnished by Mary C. Schwamb , who is (First name) (Last name)
25. Attendant's M.D.  OWN signature Midwife	e Address Date
State of Jdaho. State of Blaine ss.	AFFIDAVIT to be completed when the attendant does not sign
·	in Item 25.
I, the undersigned, being first duly sworn, say that I am the	eof the person whose name appear (Mother, etc.) hat I have known this person for50years, and tha
Dr. N. J. Brown who attended th	is hirth is now deceased I further state the
(First name) (Last name)	is birth is now deceased I further state that (Is now deceased) or (Cannot be located)
Chapter 139, 1937 Session Laws.	knowledge, and that I desire to have this birth recorded under
	Hailey, Idaho P.O. Addres
Subscribed and sworn to before me this loth day of	
(Note: Perjury is punishable as a felony in Idaho; see Sec.	
Received for filing on 9-22-1942	by Nobert H. Wright - Registrar
<del>,</del> • • • • • • • • • • • • • • • • • • •	

(1937 Session Laws, Chapter 139, Section 4)

942-225 1014-498 United States (Be sure the inform		-4 -44 Week -4 PRIVING	359608
	CERTIFICATI	of date of birth of THIS	child) State File No
Bureau of the Census	STATE O		Reg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County Canyon (b) City Nampa (c) Street Address or R.F.D. No. SOUTH SIG (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: IN THIS county years months	le	(c) City Nampa (d) Street Address	OF MOTHER (At time of this birth) (b) County Canyon
4. FULL NAME Jessie Louise Ruse	<u></u>	5. Date (Mor	of Birth of ChildJuly 25 189
female 7. Twin or	If so—born 1st, 2nd, 3rd	8. No. month	ns .
FATHER OF CHILD  10. FULL Francis Marion Ruse NAME  11. Color white 12. Age at time 37 or Race Lynchourg of THIS birth  13. Birthplace Lynchourg (City or town) (State or foreign colors)		16. FULL MAIDEN Id: NAME  17. Color white or Race	
14. Exact Occupation blacksmith 15. Industry or Business Own business	••••	Occupation h	ousewife wn home
<del></del>	Noonatomm		
<ul><li>22. Name prophylactic used to prevent Ophthalmia I</li><li>23. Number of children of this mother: (a) At time</li></ul>	of hirth one	I including this shild	/h\ Pare alies and a set their 4
		CERTIFICATE	(b) Born anve and now hving
24. I HEREBY CERTIFY That I attended the birtle	h of this chi	ld, who was(Born alive, still)	
and at the place stated above, and that persona related to this child as(Mother, etc.)	al particulars	s were furnished by(F	irst name) (Last name)
25. Attendant's  OWN signature  Idaho	M.D. Midwife	Address	Date
State of Canyon ss.			ed when the attendant does not significant in Item 25.
I, the undersigned, being first duly sworn, say the in Item 4 above, that I am now year pr. Weston who a (First name)	rs of age, tha	at I have known this pers	on for years, and the control of the person whose name appears on for years, and the control of
the facts on the certificate above are true to the be Chapter 139, 1937 Session Laws.	est of my kr	nowledge, and that I des	ire to have this birth recorded und Signatu  3.4.2.1.2
Subscribed and sworn to before me this (SEAL)	dayof	aceran	siding at Naupa Idoko
(Note: Perjury is punishable as a felony in Idah	no; see Sec. 1	7-914. Idaho Code Annot	ated)
Received for filing on Nov 4	t	Late Intell	Lelen Bonistus
	*******************	· · · · · · · · · · · · · · · · · · ·	Registr

(1937 Session Laws, Chapter 139, Section 4)

	369-227-029-752	359641
Ę Š		of date of birth of THIS child)  State File No.
erti	AAT A A 10/10	E OF BIBIH LOCAL Reg. NO
ర్మ జ్ఞ		
COMPLETED certifi- daho, for filing. No r or coln.	1. PLACE OF BIRTH (All items at time of this birth) (a) CountyLatah (b) City Genesee, Idaho (c) Street Address or R.F.D. No	
TPLE com.	(d) Name of Hospital or Maternity Home:	(c) City Genesee
₩ S S S	AT DOME TESTORICE	(d) Street Address or R.F.D. No
	(e) Mother's stay BEFORE delivery: IN THIS county 5 years 3 months days	(e) How long has MOTHER lived in Idaho?3MOS
	A WATER TO A TABLETO	5. Date of Birth of Child
3ofts	OF CHILD Christine Louise Lorang 7. Twin or If so—born	(Month. day. year) June 27.1891
ficate. ics, Bo money	6. Sex Female 7. Twin or 11 so—born 1st, 2nd, 3rd	
E 55 E		MOTHER OF CHILD
certs,	10. FULL John Lorang	16. FULL MAIDEN NAME Mary Anna Gesellchen
this certificate. Mail Statistics, Bolse, ty cents, money ord	11. Color White 12. Age at time of THIS birth 33 yrs.	17. Color White 18. Age at time of THIS birth 30 yrs.
~#E	13. Birthplace Johnsburg, Wisconsin, U.S.A. (City or town) (State or foreign country)	19. Birthplace Mt. Calvary, Wisconsin, U.S.A. (City or town) (State or foreign country)
₹ <u>`</u> 5		20. Exact Housewife
# of	14. Exact Farmer Occupation	21. Industry or
20 20 20 21	Business	Business
an de c	22. Name prophylactic used to prevent Ophthalmia Neonatorum	
E 6 8	23. Number of children of this mother: (a) At time of birth and	
0 % 8		
a sta	ATTENDANT'S	CERDITIFICATE
ribbon in completing State Bureau of V	ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this	CERDITIFICATE
riter ribb e to Stat an advan	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars	CERDITIFICATE
riter ge to an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars	
riter ge to an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars	child, who was
typewriter postage to quires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	CERDITIFICATE
typewriter postage to quires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who was
typewriter postage to juires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as.  25. Attendant's (Mother, etc.)  25. Attendant's M.D. Midwife State of Idaho  County of Latah	child, who wasatM. on the date (Born alive, stillborn), who is were furnished by, who is Address
CK Record typewriter ST-CLASS postage to led copy requires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who wasatM. on the date (Born alive, stillborn), who is were furnished by, who is (First name), who is
CK Record typewriter ST-CLASS postage to led copy requires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who wasatM. on the date (Born alive, stillborn), who is were furnished by, who is Address
BLACK Record typewriter FIRST-CLASS postage to ertified copy requires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who wasatM. on the date
BLACK Record typewriter FIRST-CLASS postage to ertified copy requires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who wasatM. on the date
BLACK Record typewriter FIRST-CLASS postage to ertified copy requires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as.  25. Attendant's (Mother, etc.)  25. Attendant's M.D. Midwife State of Idaho  County of Latah  I, the undersigned, being first duly sworn, say that I am in Item 4, above, that I am now 78 years of age, Anna Marie Lorang , who attended this (First name) (Last name) the facts on the certificate above are true to the best of my Charter 120, 1927 Session Laws	child, who wasatM. on the date
K Ink or BLACK Record typewriter bearing FTRST-CLASS postage to F. Each certified copy requires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who was (Born alive, stillborn) were furnished by (First name)  Address  Date  AFFIDAVIT to be completed when the attendant does not sign in Item 25.  the (Mother, etc.) of the person whose name appears that I have known this person for 51 years, and that birth 18 now deceased or (Cannot be located) knowledge, and that I desire to have this birth recorded under Signature
K Ink or BLACK Record typewriter bearing FTRST-CLASS postage to F. Each certified copy requires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who wasatM. on the date
K Ink or BLACK Record typewriter bearing FTRST-CLASS postage to F. Each certified copy requires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who was at M. on the date (Born alive, stillborn) (Born alive, stillborn) (Last name) were furnished by (First name) (Last name)  Address Date  AFFIDAVIT to be completed when the attendant does not sign in Item 25.  the aunt of the person whose name appears (Mother, etc.) (Mother, etc.) that I have known this person for 51 years, and that birth is now deceased I further state that (Is now deceased) or (Cannot be located) knowledge, and that I desire to have this birth recorded under Signature (Last name) P. O. Address (Last name)
K Ink or BLACK Record typewriter bearing FTRST-CLASS postage to F. Each certified copy requires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who was at M. on the date (Born alive, stillborn) (Born alive, stillborn) (Last name) were furnished by (First name) (Last name)  Address Date  AFFIDAVIT to be completed when the attendant does not sign in Item 25.  the aunt of the person whose name appears (Mother, etc.) (Mother, etc.) that I have known this person for 51 years, and that birth is now deceased I further state that (Is now deceased) or (Cannot be located) knowledge, and that I desire to have this birth recorded under Signature (Last name) P. O. Address (Last name)
K Ink or BLACK Record typewriter bearing FTRST-CLASS postage to F. Each certified copy requires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who wasatM. on the date
Ink or BLACK Record typewriter bearing FTRST-CLASS postage to Each certified copy requires an a	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	child, who was

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# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	495-214-028-296		250000
48		s of date of birth of THIS child)	State File No. 359829
T.	•	TE OF BIRTH	Local Reg. No.
<u>ئۆ</u> ئ		OF IDAHO	Reg. Dist. No
聞き	1. PLACE OF BIRTH (All items at time of this birth) (a) County Apole 14. (b) City Coeur Dillere	2. USUAL RESIDENCE OF MO	
	(c) Street Address or R.F.D. No. No. No.	(a) State ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	
To S	(d) Name of Hospital or Maternity Home:	(e) City CoeuR D'h	
COMPLETED certification of the control of the contr	AT HOME	(d) Street Address or R.F.D.	-
	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county / years — months — days	(e) How long has MOTHER 1 3. RESIDENCE OF FATHER (	
Maill oise, ] y orde	4. FULL NAME INEZ D'ETT MINOR	5. Date of Birth (Month, day	n of Child JAN-14-1891 year)
sate. s, 13 none;	6. Sex Femile 7. Twin or 1st, 2nd, 3r	n 8. No. months d of Pregnancy	9. Legitimate? /CS.
ertification of the state of th	10. FULL FREDERICK- Juseph- MINOR	16. FULL MAIDEN NORA -	TLMA. BROWN
Sta Sta Ce	11. Color or Race White 12. Age at time of THIS birth 24 vrs.		Age at time
g this ital S fifty c	13. Birthplace Cove - OReGON	19. Birthplace AGUSTA	of THIS birth / yrs. WISCONSIN
completines of V	14. Exact (City or town) (State or foreign country)  FARMER	20. Exact (City or town)	(State or foreign country)
E of	15 Industry or	Occupation	
ne an	Business FARMING	Business	<del></del>
in o	22. Name prophylactic used to prevent Ophthalmia Neonatorum	n None	
H S	23. Number of children of this mother: (a) At time of birth an	d including this child(b) Bo	orn alive and now living YCS
ribb Stat dvan	24. I HEREBY CERTIFY That I attended the birth of this	child, who was BORN ALIVE	t. 6 2. M. on the date
ter to ta	and at the place stated above, and that personal particular	(Born alive, stillborn) s were furnished by	Webb., who is
tage	related to this child as Mother	(First name)	(Last name)
ty post	25. Attendant's (Mother, etc.) M.D.		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		e Address	Date
Recoi CLAS copy	State of Los ANGELE 5. County of CALIFORNIA ss.	AFFIDAVIT to be completed whe in Item	9
	I, the undersigned, being first duly sworn, say that I am	the Nother of the	e person whose name appears
BLACK FIRST- certified	in Item 4, above, that I am now	(Mother, etc.) e, that I have known this person fo	r 5/ years, and that
	Martin Menor , who attended the (First name)		I further state that
Ink or bearing Each	the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.	knowledge, and that I desire to he	ave this birth recorded under
		you / (m)	2. El Signature
T S S	2/ -		P. O. Address
only BLACK in envelope ge for filing.	Subscribed and sworn to before me this day of	j.	19.4.2
only o in rge 1	(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Se	Notary Public, residir c. 17-914, Idaho Code Annotated.)	ng at to lingely, (ali)
Cat cat cha	Received for filing on	by Males I Calif	, Registrar.

(1937 Session Laws, Chapter 139, Section 4)

	813:205029-719	A married and a second a second and a second a second and	<del></del>	State Elle No. 359965
<b>≜</b> 8	United States (Be sur	re the information is as o	of date of birth of THIS child)	State File No
<u> </u>	Department of Commerce	CERTIFICATI		Local Reg. No.
ಶಿಷ್ಟ	Bureau of the Census	STATE OF	F IDAHO	Reg. Dist. No
	1. PLACE OF BIRTH (All items at tim		2. USUAL RESIDENCE OF MO	
<b>₹</b>	(a) CountyLatah (b) Cit	ylear Troy	(a) StateIdaho(b	) CountyLatah
Sofin.	(c) Street Address or R.F.D. Non	1	(c) City near Troy	
දී `` දි	(d) Name of Hospital or Maternity H		(d) Street Address or R.F.D.	No. none
O Z t	(e) Mother's stay <b>BEFORE</b> delivery:	·····		lived in Idaho?1yrs.
e de la	IN THIS county years	months days	3. RESIDENCE OF FATHER	
CK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certifi- pe bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No ng. Each certified copy requires an advance payment of fifty cents, money order or coin.	4. FULL NAME OF CHILD Josie Manervi	ia Hall	5. Date of Birt (Month, day	h of Child Sept 5 1891
8 W 8	7. Twin or	If so-born	8. No. months	
8 % G		no 1st, 2nd, 3rd		9. Legitimate? yes
5 t	FATHER OF CHIL		MOTHER OF	CHILD
P SE SE	10. FULL NAME William Pierce Ha	<u>all</u>	16. FULL MAIDEN NAME Ella Nora F	erker
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		at time HIS birth 38 yrs.	17. Color 18 or Race White	Age at time of THIS birth 28 yrs.
音響を	13. Birthplace			
<b>3</b> 6€ €	(City or town) (Stat	e or foreign country)	19. Birthplace Salt Lake (City or town)	(State or foreign country)
	14 Tree of		20 Exact	fe
g o g	Occupation Farmer 15. Industry or		21. Industry or	1.0
Na E	Business Agriculture-	-diversified	Business Own hon	<u>1e</u>
our pay	22. Name prophylactic used to prevent (	Ophthalmia Neonatorum.	don't know	
- B - B - B - B - B - B - B - B - B - B	23. Number of children of this mother:	=		
a track		ATTENDANT'S	CERTIFICATE	
である	24. I HEREBY CERTIFY That I atter	nded the birth of this of	child, who was born alive.	atM. on the date
to t	and at the place stated above, and t	hat nerconal narticulars	(Born alive, stillborn)	Hall whois
S S S	related to this child asmo.ther		(First name)	(Last name)
re sta	(Mo	other, etc.)	near Troy (Vo	llmer)
質させ	25. Attendant's OWN signature Mrs. Og	"M.D." relbu Midwife		Date
2 8 2 E	State of Washington			
Reco CLAS copy	County of Walla Walla	.} ***	AFFIDAVIT to be completed who	•
보다를		. ) 55.	in Item	•
BLACK FIRST: Sertified	I, the undersigned, being first duly	sworn, say that I am t	the Mother etc.)	e person whose name appears
THE.	in Item 4, above, That I am now	7.9years of age,	that I have known this person for	or 51 years, and that
<b>数量</b> 8	Mrs. Ogelby	who attended this	birth is deceased	I further state that
3 4 5	(Last name)(Last name	e)	(Is now deceased) or (Cannot I	oe Jocated)
	the facts on the certificate above are t Chapter 139, 1937 Session Laws.	rue to the best of my i		
E E E		(eller 59	rai of oscer.	Signature
		College I	77 ~ ~ ~ <i>Tille o</i> b 2 ~ ~ d ~ ~	P. O. Address
BL	Subscribed and sworn to before me	/	M h	19 42
fe e	(SEAL)	The individual of		ng at Walla Walla
Use only BLAC cate in envelop charge for fillin	(Note: Perjury is punishable as a f	elony in Idaho; see Sec.	17-914, Idaho Code Annotated.)	is ar lice to market
Jac Sha	Received for filing on	F PARE 1	Water PLL	Registrar.
0 0	received for thing off			, Registrar.
			Residence of the second	The second secon

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# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

351 128016 - 795			359968
Z.	e the information is as of dat		
Department of Commerce ·	CERTIFICATE OF		Local Reg. No
Bureau of the Census	STATE OF IDA		Reg. Dist. No
1. PLACE OF BIRTH (All items at time (a) County. Co. 1. (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Hotel (e) Mother's stay BEFORE delivery:			MOTHER (At time of this birth)
(a) County Cassia (b) City		a) State Jacko	(b) County Cassea
(c) Street Address or R.F.D. No		c) City albi	5 N
(d) Name of Hospital or Maternity H	ome:	d) Street Address or R.I	FD No.
		e) How long has <b>MOTH</b>	A 600 -
(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county years			ER (city, state) albion Ida
95 4. FULL NAME Fraull	u Charles L		Birth of Child Jeb 28-1891
7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9 9. Legitimete? 400
FATHER OF CHIL			R OF CHILD
10. FULL NO 40		TOTAL MATRIEN	V -9-04-04
NAME // MANAGE			erva ann tearth
8 11. Color 12. Age of TI		Color Race White	18. Age at time of THIS birth. 3/vrs.
13. Birthplace Council Bl	7 11 17	Birthplace Will	and Itah.
(City or town) (State	of fereign country)	(City or town	n) (State or foreign country)
14. Exact		Exact	00 107 i/0
Occupation 15. Industry or	21	Occupation	
Business		Business	•
22. Name prophylactic used to prevent O	nhthalmia Neonatorum		
g 23. Number of children of this mother: (	•	and a	
25. Ivaniber of children of this modier.	ATTENDANT'S CER		both anve and now pving
24. I HEREBY CERTIFY That I atten			at
and at the place stated above, and the		furnished by	, who is
related to this child as(Mot		(First nat	
Mot 25. Attendant's	M.D.	mid mg-n	ow dead.
OWN signature		iress /	Date
State of July	ATOTOT	DAVIT to be completed	when the attendant does not sign
8 County of	SS.		tem 25.
I, the undersigned, being first duly	sworn, say that I am the	Sister	of the person whose name appears
in Item 4, above, that I am now	vears of age that	(Mother, etc.) I have known this person	on for \\ \tag{7}\ \ \text{vears and that}
			40 40
(First name) (Last name)	, who attended this birth	(Is now deceased) or (Can	I further state that
the facts on the certificate above are tr	rue to the best of my knowl	edge, and that I desire	
Chapter 139, 1937 Session Laws.	man fo	Baritto No	TURNI
<u> </u>		(A)	Signature
		Oully	P. O. Address
Subscribed and sworn to before me	this 4 day of	novemil	10 42
δ <sup>2</sup> G	/. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	(BUILDELL CAN)
(SEAL) (Note: Perjury is punishable as a fe	Jony in Idaho: see Sec. 17.91	A. Idaho Code Apporate	esiding at www.u.y.
Received for filing on NOV	A take	T, Tello Core Alliotate	u.,
Received for filing on	by	111 abry 2 6 1	, Registrar.

(1937 Session Laws, Chapter 139, Section 4)

Hard to engine to by a low hort, they are consisted to

191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or

Where the birth of a child born prior to the effective date of Chapter

Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Do Br	nited States epartment of Commerce ureau of the Census		STATE OF I	ОАНО	State File No. 3599. Local Reg. No. Reg. Dist. No.
1.	(a) County Managhamas  (b) Street Address or R.F.D.  (c) Street Address or R.F.D.  (d) Name of Hospital or Ma  (e) Mother's stay BEFORE do  IN THIS county J. y	. (b) City Sulfus Noternity Home:	Le.	(c) City Mullus (d) Street Address or R.F.	(b) County Bingho  Jeland  D. No
4.	FULL NAME BUSSIN	1 whea	Town.	5. Date of Bird (Month, da	h of Child 1 98-1 y, year)
	Sex Fernale, 7. Twin		f so—born st, 2nd, 3rd	8. No. months of Pregnacy	9. Legitimate?
11 13 14 15	or Race (City or town)  5. Exact Occupation City or town  6. Industry or Business	2. Age at time 3 of THIS birth 3 of State or foreign of the state of t	/ yrs. 1 Duntry) 2	6. FULL MAIDEN AS CONTROL OF RACE AS CONTROL OF COMPANY OF BUSINESS	OF CHILD  Heart  18. Age at time of THIS birth 28  (State or foreign country)  (State or foreign country)
	2. Name prophylactic used to	<del>-</del> .		Δ	
	3. Number of children of this		or birth and in-		orn alive and now living
5 24 5 24	4. I HEREBY CERTIFY Tha	t I attended the birth	of this child,		M. on the d
ž 25	5 Attendant's X	(Mother, etc.)	M.D.	Address 538/2 Bore 2	ian armardin
St	tate ofounty of			DAVIT to be completed whe in Item	n the attendant does not s
in	I, the undersigned, being fit a Item 4, above, that I am nov (First name)	7year:	s of age, that I		years, and t
th Cl	(First name) ne facts on the certificate abo hapter 139, 1937 Session Law	ve are true to the be	st of my know	(Is now deceased) or (Cannot bledge, and that I desire to l	nave this birth recorded un
<b>.</b>					
				National Theblic and discuss	
Ž	(Note: Perjury is nunished	ole es a felony in Idah		Notary Public, residing : 14,_Idaho Cede Annotateda	at
	? Puttistics	MOV 1 0 1947	-, b x1-0	YW . W.C.	

(1937 Session Laws, Chapter 139, Section 4)

	234-227006-234		State Elle No. 360084
₽S.	United States (Be sure the information is as	of date of birth of THIS child)	State File No
Ţ	•	re of birth	Local Reg. No
ర్మ		OF IDAHO	Reg. Dist. No
용물	1. PLACE OF BIRTH (All/items at time of this birth)	2. USUAL RESIDENCE OF M	
	(a) County Bengham (b) City Sena	(a) State A Ldaho (	b) County Bungham
ESE	(c) Street Address or R.F.D. No	(c) City Jona	<i></i>
PL. coh.	(d) Name of Hospital or Maternity Home:	1	. No
COMPLETED cedaho, for filing.		1	lived in Idaho? 57 yrs.
I de la companya de l	(e) Mother's stay BEFORE delivery: IN THIS county  years  months / 2 days	3. RESIDENCE OF FATHER	
Mai Foise,	4. FULL NAME Emma Marie Stud	5. Date of Bir (Month, da	th of Child Nov 27-1891 y, year)
certificate. atistics, E	6. Sex Femd/c 7. Twin or If so—born 1st, 2nd, 3rd	n 8. No. months d of Pregnancy ${\cal M}$	ப்பி. Legitimate? பூய
물걸림	FATHER OF CHILD	MOTHER 9	F CHALLE
ts,	10. FULL James Ephriam Stelle	16. FULL MAIDEN	al stul
us certific Statistics r cents, m	11. Color white 12. Age at time or Race white 9 of THIS birth 3 9 yrs.		8. Age at time 36 yrs.
<b>₽3</b> €	13. Birthplace Manchester, England	19. Birthplace Cattons	wood Utah
	(City or town) (State or foreign country)	(City or town)	(State or foreign country)
3 ~ S	14. Exact Occupation Merchon	20. Exact Occupation	ewife
	15. Industry or	21. Industry or	
	Business	Business	
E M	22. Name prophylactic used to prevent Ophthalmia Neonatorum	n	
<b>50</b>	23. Number of children of this mother: (a) At time of birth and	d including this child(b) I	Sorn alive and now living 🤝
a ste		S CERTIFICATE	I
Too	24. I HEREBY CERTIFY That I attended the birth of this	child, who was	atM. on the date
iter in se	and at the place stated above, and that personal particular	s were furnished by	, who is
WI.	related to this child as(Mother, etc.)	(First name)	(Last name)
544	(Mother, etc.) 25. Attendant's M.D.		
로 도 를		e Address	Date
DES.	State of/d/ho	*	Ab Akondont doos mat sign
848	County of Banner // e ss.	AFFIDAVIT to be completed wh	
M D S	County of 19.8.4.4.2.	w <b>4</b>	
	I, the undersigned, being first duly sworn, say that I am in Item 4, above, that I am nowyears of age	(Mother, etc.)	he person whose name appears
TET			
P. E. S.	Mid wife ) de 46 (First name) (Last name) who attended this	is now deceased or (Cannot	I further state that be located)
Far Ea	the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.	knowledge, and that I desire to	
<b> </b>	······································	To word O D	Signature
<b>₽</b> 8₽		V 440	P. O. Address
Use only BLAC cate in envelop charge for filin	Subscribed and sworn to before me thisday of	_	19 4 2
년 <b>등</b> 등	(SEAL)	Notary Public, resid	ling at
Use cate charg	(Note: Perjury is punishable as a felony in Idahor see Sec	c. 17-914. Idaho Code Annotated.)	8
ひゅう	Received for filing on NOV 4 1942	.by	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

	295 111 006 863				RADDA
÷,	United States	NOVB& strel 242 informati	on is as of date of birth of T	HIS child) State F	ile No
oertifi g. N	Department of Commerce		TIFICATE OF BIRTH		eg. No
ဗီည္ဆံ	Bureau of the Census	·=	TATE OF IDAHO	Reg. Di	st. No
ED of	1. PLACE OF BIRTH (All it			ENCE OF MOTHER (	At time of this birth)
	(a) County Bin Shah	. (b) City Black La	(a) State	Lh.o(b) Count	Bingham
PLE cotn.		D. No. Warkit	$\mathcal{B}_{\mathcal{L}}$ (c) City $\mathcal{B}_{\mathcal{L}}$	zekkoot	~ .
OMPLETED sho, for filln or coin.	(d) Name of Hospital or I	•	(d) Street Add	ress of R.F.D. No. Un	
Ö d a	(e) Mother's stay BEFOR	F. delivery		as <b>MOTHER</b> lived in	Idaho? vrs.
		years months	··· · · · · · ·	F FATHER (city, sta	
S S S	4. FULL NAME	4. 12:+1-	. 5	. Date of Birth of Chi	
	OF CHILD Fredrick	moward Die mai win or If	so—born 8. No.	(Month, day, year)	nay
ate. , Bo			2nd, 3rd of P	regnancy 4 9.	Legitimate?
<b>5</b> 5 1		R OF CHILD		MOTHER OF CHILI	
tat,	10. FULL pavid lenr	u Biethan	16. FULL MAIDE	an Elizabe	the Holhwook
8 E 8	11. Color	12. Age at time			
4 8	or Race MAILS	of THIS birth33		of TH	S birth2. yrs.
######################################	13. Birthplace Fart M& (City or town)	(State or foreign country	19. Birthplace M.	On MOUTH Sta	e or foreign country)
	14 Exact		20. Exact	11	
월등	Occupation Gehel	u Merchant.		Housewije	<b></b>
ne ne	15. Industry or Business Retail	10 mhandice	21. Industry or Business		
in com ureau paymei	22. Name prophylactic used	to prevent Onhthalmia Nec	netorum		
			pirth and including this child		
ribbon State Ivance	20. Ituliber of children of the		DANT'S CERTIFICATE	The state of the s	
<b>432</b>	24. I HEREBY CERTIFY			at	
25 g			Born) articulars were furnished by		
1 2 5			dictionars were furnished by	(First name)	(Last name)
9 ts 5	related to this child as	(Mother, etc.)			
<b>電路</b> 登	25. Attendant's	, , , ,	M.D. Midwife Address		Date
7 00 E	OWN signature				
Reco CLAS copy	State of Michigar	} ss	AFFIDAVIT to be	completed when the at	tendant does not sign
	County of Washter	•	.5.104	in Item 25.	
BLACK FIRST: Sertified	I, the undersigned, bein	g first duly sworn, say th	at I am the (Mother etc.	of the person	whose name appears
ZEE	in Item 4, above, that I am	now 5 5 year	s of age, that I have known	this person for	years, and that
	An. W.H.	who atte	nded this birth	ceased	. I further state that
o in the	(First name)	(Last name)	(Is now decea t of my knowledge, and tha	sed) or (Cannot be located)	hinth recorded under
	Chapter 139, 1937 Session L	aws.	t of my knowledge, and that	desire to the tins	
¥ o ±	GEORGE F. SC	HLECHT	Swap N.	ue man	Signature
BLACK nvelope r filing.	NOTARY PUBLIC. WASHTENA	JAY 8, 1946 4-0	E. Kingsley	mn Hebor V	A.c. P. O, Address
I SE	Subscribed and sworn to	. /	day be 11	_ ' '	19/19
		Murum 1 12		Public, residing at	aux alle
only tn e	(SEAL) (Note: Perjury is punis	hable as a felony in Idaho	see Sec. 17-914 Idaho Code	Annotated.)	
ate har			YW	76.	Registrar
o	Received for filing on			+ peyer-	, itegisiai.
			The state of the s	r	•

(1937 Session Laws, Chapter 139, Section 4)

	551-225001-993		•	360251 360351
\$2°	United States (Be s		of date of birth of THIS child)	
ert	Department of Commerce		E OF BIRTH	Local Reg. No
o H	Bureau of the Census		F IDAHO	Reg. Dist. No
COMPLETED Jaho, for fills or coin.	(a) County	ity <b>Baldwell</b>	(a) State Idaho	MOTHER (At time of this birth)  (b) County Owyhee  1.0.
5,28	(d) Name of Hospital or Maternity	Home:		'.D. No
Q4 P	(e) Mother's stay <b>BEFORE</b> deliver			ER lived in Idaho? 59 yrs.
ii C der	IN THIS county years	/ months 25 days	3. RESIDENCE OF FATHE	R (city, state) Idaho
Ma Foise,		a Evans	5. Date of 1 (Month,	Birth of Child day, year) /- 25-1891
one H	6. Sex <b>female</b> 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months	9 9. Legitimate? yes.
15 E	FATHER OF CH		MOTHER	OF CHILD
tist tist	10. FULL Wm Dilworth &	<b></b>	16. FULL MAIDEN	ru Lorissa Riley
nis co Sta	11 Color 19 Ac	ge at time THIS birth 29,yrs.	17. Color White	18. Age at time 19 vrs.
ital Heto	13. Birthplace San Bernardin		19. Birthplace Aucda (City or town	State or foreign bountry)
e E	14. Exact Occupation Farmer - Si		20 Evant	• /
E SE	15. Industry or	*ciman	Occupation NOMES	vije
on Sen	Business Sheek - Gattle	- Horses	Business	
n c are	22. Name prophylactic used to prevent	Ophthalmia Neonatorum	none	
E 0 8	23. Number of children of this mother		,	<b>A</b>
9 4 9		ATTENDANT'S	CERTIFICATE	<del></del>
T So A	24. I HEREBY CERTIFY That I at	tended the birth of this	child, who was(Born alive, stillbo	at
a to the	and at the place stated above, and			, who is
tage es	related to this child as	Mother, etc.)	\ <del>u_</del>	(,
i ga	25. Attendant's	M.D.		
2 0 2 2 0 2	OWN signature		Address	Date
A 800	State of Agha		AFFIDAVIT to be completed	when the attendant does not sign
젖다양	County of Canyon	\ ss.	in It	tem 25.
	I, the undersigned, being first du	ly sworn, say that I am	(Mother, etc.)	f the person whose name appears
E E E	in Item 4, above, that I am now	70 years of age,	that I have known this perso	n for 50 years, and that
2 12 12 12 12 13	Mrs (Grandma) Horn (First name) (Last name)	, who attended this	birth o deceased or (Can	I further state that
Part Fac	the facts on the certificate above are	true to the best of my		
M S	Chapter 139, 1937 Session Laws.	Mrs(WD)		les Evans Signature
		7211 201	True la Monda	Idaho P. O. Address
983		1447154m	e,WX.TCRUYIWXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	P. O. Address
BLA nvelc r fill	Subscribed and sworn to before	/ /	November	
nly BLA n envelo e for fill	(SEAL)	this 18 do of	November Notary Public, re	siding at Nzmpa Idaho
e only BLAC te in envelop arge for filin	(SEAL) (Note: Perjury is punishable as a	this 18 day of felony in Idaho; see Sec.	November Notary Public, re	siding at Nzmpa Idaho
Use only BLA cate in envelo charge for fill	(SEAL)	this 18 day of felony in Idaho; see Sec.	November Notary Public, re	siding at Nzmpa Idaho

(1937 Session Laws, Chapter 139, Section 4)

ope fied			260423	35114233
<u> </u>	519 730 -008 \$ 235 United States	(Be sure the information is as of da	te of birth of THIS child)	State File No
<b>75</b> (2)	Department of Commerce	CERTIFICATE OF	BIRTH	Local Reg. No
¥ 5	Bureau of the Census	STATE OF II	АНО	Reg. Dist. No
ach o	1. PLACE OF BIRTH (All items a (a) County			HER (At time of this birth) (b) County Boss
ž	(c) Street Address or R.F.D.		(a) State O	(b) County
i <u>∓</u> ē	(d) Name of Hospital or Mate		(c) City	Laho City.
T I	(t) Name of Hospital of Ma	My at How	(d) Street Address or R.F.J	D. No
for	(e) Mother's stay BEFORE deli IN THIS county 2 / yes	very:	(e) How long has MOTHER RESIDENCE OF FATHER (cit	lived in Idaho? of obyyrs y, state)
COMPLETED to charge for	4. FULL NAME John	Robert Carpenter		h of Child Nov. 30, 189/
0 % = %	6. Sex Wale 7. Twin o	1st, 2nd, 3rd	8. No. months of Pregnacy	9. Legitimate? Yes
e. Mail filing. h	10. FULL FATHER OF		FULL MAIDEN WAR	of CHILD . Steerman
For f	or Race White #	Age at time of THIS birth yrs,	or Race white	18. Age at time of THIS birth yrs.
ertii To,	13. Birthplace City or town)	(State or foreign country)	Birthplace (City or town)	(State or foreign (buntry)
S le	14 Exact	v . v ; 21	. Exact	use Wilow
<b>#</b> _	Occupation 7		Occupation	000
Dise a	15. Industry or Business		Business	<b>V</b>
Si Bei	· · · · · · · · · · · · · · · · · · ·		<del></del>	
2 S 2	22. Name prophylactic used to p	revent Ophthalmia Neonatorum	7	
	23. Number of children of this n	other: (a) At time of birth and inc	b) B	orn alive and now living
ETT		ATTENDANT'S CER	TIFICATE TO THE PROPERTY OF TH	
bon ital Standard	•	I attended the birth of this child, v	(Born alive, stillborn)	M. on the date
te right	and at the place stated above related to this child as	e, and that personal particulars we (Mother, etc.)	re furnished by(First name	) (Last name)
V is	25. Attendant's	М.D.	44	<b>5.4</b>
		Midwife A	.ddress	
\$ 5 V	OWN signature		- Coo	Date
ord type tate Bure of fifty o	State of Odulio County of County		DAVIT to be completed whe in Item	n the attendant does not sign
Record type o State Bure nt of fifty o	State of Aulto County of Aulto I, the undersigned, being firs	t duly sworn, say that I am the	DAVIT to be completed whe in Item  (Mother, etc.)	n the attendant does not sign 1 25. he person whose name appears
CK Record type e to State Bure ment of fifty o	County of County of I, the undersigned, being firs in stem 4, above that ham now.	t duly sworn, say that I am the	DAVIT to be completed whe in Iten  (Mother, etc.)  have known this person for	n the attendant does not sign a 25. the person whose name appears
BLACK Record type ostage to State Bure payment of fifty o	I, the undersigned, being firs in stem 4, above, that ham now.	t duly sworn, say that I am the	DAVIT to be completed whe in Iten  (Mother, etc.)  have known this person for	n the attendant does not sign a 25. the person whose name appears
or BLACK Record type postage to State Bure ince payment of fifty c	I, the undersigned, being firs in tem 4, above, that am now.  (First name) the facts on the certificate above.	t duly sworn, say that I am the	MAVIT to be completed when in Item  (Mother, etc.) have known this person for the Colored (Is now deceased) or (Cannot be	n the attendant does not sign 1 25. he person whose name appears years, and that I further state that
nk or BLACK Record type ASS postage to State Bure dvance payment of fifty c	I, the undersigned, being firs in stem 4, above, that ham now.  (First name)	t duly sworn, say that I am the years of age, that I who attended this bir (Last name) e are true to the best of my knowle	(Mother, etc.) have known this person for the LOLL Cannot be edge, and that I desire to he	n the attendant does not sign 1 25. he person whose name appears years, and that I further state that e located) lave this birth recorded under
K Ink or BLACK Record type CLASS postage to State Bure advance payment of fifty o	I, the undersigned, being firs in tem 4, above, that am now.  (First name) the facts on the certificate above.	t duly sworn, say that I am the years of age, that I substitute who attended this bir (Last name) e are true to the best of my knowledges.	MAVIT to be completed whe in Iten  (Mother, etc.) have known this person for the Classes  (Is now deceased) or (Cannot be dege, and that I desire to be completed.  (Is now deceased) war fell.	n the attendant does not sign 125.  the person whose name appears years, and that years tate that a located lave this birth recorded under Signature
In the or BLACK Record type T-CLASS postage to State Bure an advance payment of fifty c	I, the undersigned, being firs in stem 4, above, that Jam now.  (First name) the facts on the certificate above Chapter 139, 1937 Session Laws.	t duly sworn, say that I am the years of age, that I who attended this bir are true to the best of my knowledge.	DAVIT to be completed when in Item  (Mother, etc.) have known this person for the Classific (Is now deceased) or (Cannot be edge, and that I desire to be completed.  (Mother, etc.)  (Mother, etc.)  (Mother, etc.)  (Annot be edge, and that I desire to be completed.	n the attendant does not sign 125.  the person whose name appears years, and that located located lave this birth recorded under Signature P. O. Address
BLACK Ink or BLACK Record type IRST-CLASS postage to State Bure uires an advance payment of fifty c	I, the undersigned, being firs in tem 4, above, that aam now.  (First name) the facts on the certificate above Chapter 139, 1937 Session Laws.  Subscribed and sworn to being first name in the certificate above.	t duly sworn, say that I am the years of age, that I who attended this bir are true to the best of my knowledge are true true to the best of my knowledge are true true true true true true true tr	MAVIT to be completed when in Item  (Mother, etc.) have known this person for the LOL Care  (Is now deceased) or (Cannot be dege, and that I desire to be a supplied to the local beautiful to the local beaut	n the attendant does not sign 125.  the person whose name appears years, and that I further state that e located) have this birth recorded under Signature P.O. Address 1942.
nly BLACK ink or BLACK Record type g FIRST-CLASS postage to State Burd requires an advance payment of fifty c	I, the undersigned, being firs in tem 4, above that am now.  (First name) the facts on the certificate above Chapter 139, 1937 Session Laws.  Subscribed and sworn to being first name in the certificate above Chapter 139, 1937 Session Laws.	ss. Affi  t duly sworn, say that I am the years of age, that I  years of age, that I  who attended this bir e are true to the best of my knowled the structure of the structure	MAVIT to be completed when in Item  (Mother, etc.) have known this person for the Constant of Cannot be edge, and that I desire to be a completed when the complete of the com	n the attendant does not sign 125.  the person whose name appears years, and that I further state that e located) have this birth recorded under Signature P.O. Address 1942.
e only BLACK Ink or BLACK Record type ring FIRST-CLASS postage to State Bure y requires an advance payment of fifty c	I, the undersigned, being firs in Item 4, above, that Jam now.  (First name) the facts on the certificate above Chapter 139, 1937 Session Laws.  Subscribed and sworn to being first name in Item 139, 1937 Session Laws.	t duly sworn, say that I am the years of age, that I who attended this bir are true to the best of my knowledge are true true to the best of my knowledge are true true true true true true true tr	MAVIT to be completed when in Item  (Mother, etc.) have known this person for the Classification of Cannot be edge, and that I desire to be a completed.  (Is now deceased) or (Cannot be edge, and that I desire to be a completed.)  Mother Code Amotheted.)	n the attendant does not sign 125.  the person whose name appears years, and that I further state that e located)  take this birth recorded under Signature P. O. Address 1942.

APR 8 1960

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	367-122-040-169	of date of birth of THIS child) State File No. 361518
#S		of date of birth of THIS child) State File No.
COMPLETED certification for tiling. Nor coin.	Department of Commerce Bureau of the Census  NOV 2.1 1942  CERTIFICAT STATE O	
<b>်</b>	Bureau of the Census 1942 STATE O	
ED ce	1. PLACE OF BIRTH (All items at time of this birth) (a) County Shoshone (b) City (on farm)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
	(c) Street Address or R.F.D. No. Palouse. Wash.	(a) State Idaho (b) County Shoshone
<sup>2</sup> 당	(d) Name of Hospital or Maternity Home:	(c) City E. of Palouse, Washington.
	(u) Name of Hospital of Materialy Home.	(d) Street Address or R.F.D. No. (On farm)
COMI Idaho,	(e) Mother's stay <b>BEFQRE</b> delivery:	(e) How long has <b>MOTHER</b> lived in Idaho?yrs.
	IN THIS county 3 years months days	3. RESIDENCE OF FATHER (city, state) Idaho
Mail ise, ] orde	4. FULL NAME George Cox	5. Date of Birth of Child (Month, day, year) Aug 22, 1891.
	P m! To . 1	O
certificate. atistics, B ents, mone	6. Sex Male 7. Twin or 11 so—born 1st, 2nd, 3rd	of Pregnancy 9. Legitimate? 168
tie tie	FATHER OF CHILD	MOTHER OF CHILD
ert tis	10. FULL NAME AARON COX	16. FULL MAIDEN Mary E. Jordan
Sta 19	11. Color White 12. Age at time	17. Color white 18. Age at time
d P	or Race will of THIS birth ze yrs.	or Race """ or THIS nirth "" vrs
###	13. Birthplace Illinois (City or town) (State or foreign country)	19. Birthplace (City or town) (State or foreign country)
#2 #	14. Exact Farmer	20. Exact Housewife
t of	Occupation	Occupation 1104864116
nen Dei	15. Industry or Business	Business
a Fe	22. Name prophylactic used to prevent Ophthalmia Neonatorum	None
747	23. Number of children of this mother: (a) At time of birth and	including this child 7 (h) Rorn alive and now living 7
it it		CERTIFICATE
ribbon State dvance		child, who was at M. on the date (Born alive, stillborn)
		(Born alive, stillborn)
a Se	and at the place stated above, and that personal particulars	were furnished by (First name) (Last name)
tage.	related to this child as(Mother, etc.)	
typewriter postage to quires an a	25. Attendant's M.D.	
5 00 5		Address Date
P A So	State of Washington	AFFIDAVIT to be completed when the attendant does not sign
<b>5</b> 5 5	County of Gazfield ss.	in Item 25.
K H B	I, the undersigned, being first duly sworn, say that I am	the brother of the person whose name appears
E E E	in Item 4, above, that I am now	(Mother, etc.) that I have known this person for 51 years, and that
発用的		birth is now deceased I further state that
유표의	(First name) (Last name)	(Is now deceased) or (Cannot be located)
Barr	the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.	knowledge, and that I desire to have this birth recorded under
P P	Chagler 155, 1507 Session Laws.	Nes Cox Signature
	$\mathcal{P}_{i}$	merry for P.O. Address
124		Morrambar 42
for en	Subscribed and sworn to before me thisday of	,
onl fm	(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec.	Notary Public, residing at Pomeroy.
se ite		Wa. Head
ರ್ 8 ಕ	Received for filing on NOV 2.1 1942	by Registrar.

NOV 27 1942

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	262-1081036-381			361522
certifi- g. No		sure the information is as of		
at.	Department of Commerce	CERTIFICATE		Local Reg. No
ဝိ ခွဲ့	Bureau of the Census	STATE OF		Reg. Dist. No
COMPLETED cedaho, for filing.	1. PLACE OF BIRTH (All items at t (a) CountyD.ne.ida (b) (c) Street Address or R.F.D. No (d) Name of Hospital or Maternity	City Preston Idaho Home:	(a) State Idaho (c) City Preston	F MOTHER (At time of this birth)(b) County Oneida
COMI Idaho, er or c	(e) Mother's stay <b>BEFORE</b> deliver IN <b>THIS</b> county years	ry:	,,	HER lived in Idaho?yrs.
= =				
e. Ma Boise, iey or	OF CHILD DORON TO		(Month	f Birth of Child, day, year) July 8 1891
<b>₩</b> .₩	6. Sex Male 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9 9. Legitimate? yes
444	10. FULL Tames B. Roswh	HILD	MOTHE	R OF CHILD
s certifica Statistics, cents, mo	10. FULL James B. Bosyb	rtn	16. FULL MAIDEN Fra	ncis Chapman
his c Sts y ce	44 01 40 1	ge at time 45 vrs.	or Race white	of THIS birth 55 vrs.
ital lift	13. Birthplace Borrowash En	gland	19. Birthplace Delto	or unio -s rac
₩Ş.Ž	1/ Event	· ·	20. Exact (City or to	
it of the	Occupation Blacksmith		Occupation HOU	sewife
	15. Industry or Business		21. Industry or Business	
oc Feg		A Onlythaline's Nametony		
E B G	<ul><li>22. Name prophylactic used to preven</li><li>23. Number of children of this mother</li></ul>			b) Dame alian and a see living 7.
<b>6</b> 6 5	23. Number of children of this mother			b) Born anve and now hving
Sta	24. I HEREBY CERTIFY That I at	ATTENDANT'S Control of the characteristic characteristics and the control of the characteristics and the control of the characteristics and the characteristics and the characteristics are control of the characteristics and the characteristics are characteristics.	ild, who was Alive	at
ewriter tage to es an a	24. I HEREBY CERTIFY That I at and at the place stated above, and		ere furnished by(First n	amily record , who is (Last name)
W.S.	related to this child as		(First ii	(Last name)
F 8 4	25. Attendant's	Mother, etc.) M.D.		
6 W C	OWN signature	<b>Midw</b> ife	Address	Date
Y I	State of Oddo.	)	TETDAVIT to be complete	d when the attendant does not sign
Recor CLAS copy	County of Franklin	\ ss.	Δ Λ in	Item 25.
ST-ST-	I, the undersigned, being first du	aly sworn, say that I am the	e Brother	of the person whose name appears
BLA FIR	in Item 4, above, that I am now	years of age, th	nat I have known this per	son for 52 years, and that
	Dr Parkenson	who attended this bi	irth in now dis	I further state that unnot be located)
rin a	(Pirst name) (Last name) the facts on the certificate above ar	іше)	(18 now deceased) or (Ca	imot be located)
Ink or bearing Each	Chapter 139, 1937 Session Laws.	and the season of the	2	Signature
only BLACK in envelope ge for filing.		Saf San Market San Jan San San San San San San San San San S	Buston Id	P. O. Address
y BLAC envelop for filin	Subscribed and sworn to belove	me this 20 day of	non	
only in er	(SEAL)	Melle	Notary Public.	residing at July
9 8 1. 0 1. 20	(Note: Perjury is punishable as	a felony in fuano, see sec. 1	-914, Idano Code Amiotat	ed.)
Use cate	Received for filing on	UV 2.4 1942 by	Mary!	Loure, Registrar.
			1	•

(1937 Session Laws, Chapter 139, Section 4)

(Be sure the information is as of date of birth of THIS child) State File No 361653 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Reg. Dist. No..... Bureau of the Census STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Bremout (b) City Egin Idaho (b) County Frences (c) Street Address or R.F.D. No. (c) City & Cie (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?... (e) Mother's stay BEFORE delivery: IN THIS county 12 years 3. RESIDENCE OF FATHER (city, state) 4. FULL NAME (P) 5. Date of Birth of Child (Month, day, year) If so-born 8. No. months 6. Sex Make 9. Legitimate? Triplet 1st, 2nd, 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 11. Color 17. Color 13. Birthplace 🖛 (State or foreign country) (State or foreign country) (City or town) 14. Exact 20. Exact Occupation.. Occupation 17/2 15. Industry or 21. Industry or **Business Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum 3 ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as....(Mother, etc.) 25. Attendant's **OWN** signature Midwife Address Date State of Jala AFFIDAVIT to be completed when the attendant does not sign County of Fremout in Item 25. of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth 12 now deceased. I further state that (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworm to before me this 23 .....day of Age Notary Public, residing at (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annetated Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

	419-216-006-319	s as of date of birth of THIS child) State File No. 361668			
9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		s as of date of birth of THIS child) State File No			
envelop certifie	-	CATE OF BIRTH Local Reg. No			
5 8					
scrificate. Mail COMPLETED certificate in ho, for filing. No charge for filing. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) CountyBINGNAM (b) City.IdahoFalls (c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County Bingham (c) City Idaho Falls (d) Street Address or R.F.D. No			
	(e) Mother's stay BEFORE delivery: IN THIS county 6 years 7 months day	(e) How long has MOTHER lived in Idaho?58yrs.			
	4. FULL NAME Minnie Marker	K Date of Dieth of Child			
	7 Turin or If so h	orn 8. No. months , 3rd of Pregnacy 9 9. Legitimate? Yes			
	FATHER OF CHILD	MOTHER OF CHILD			
	10. FULL Alma Marker	16. FULL MAIDEN Elizabeth Larsen			
	11. Color 12. Age at time of Race. White of THIS birth 32 yrs  13. Birthplace Spanish Fork Utah (City or town) (State or foreign country)	s. or Race. White 18. Age at time of THIS birth 29 yrs.			
		1 90 Trucat			
ŦŢ	Occupation Retail Merchant	Occupation Housewife 21. Industry or			
sting Boise coin.	15. Industry or Busic and Stationery	Business			
pleting this es, Boise, Ida or coin.	22. Name prophylactic used to prevent Ophthalmia Neonatorum				
E 2 0	23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living				
a ta b	ATTENDANT'S CERTIFICATE				
bon ital Stands	24. I HEREBY CERTIFY That I attended the birth of this child, who was				
Series	and at the place stated above, and that personal particulars were furnished by, who is related to this child as				
Vri ent	25. Attendant's M.D				
7 2 2		lwife Address Date			
Record to State B nt of fift	State of Idaho County of Bonneville	AFFIDAVIT to be completed when the attendant does not sign in Item 25.			
T Se	I, the undersigned, being first duly sworn, say that I am	the			
X a E	in Item 4, above, that I am nowyears of age	e, that I have known this person for2years, and that			
Z i i i	Mrs. Stevens who attended	d this birth. 18 NOW deceased I further state that			
E S	(First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under				
SS	Chapter 139 1937 Session Laws				
- 55 g	S S S S S S S S S S S S S S S S S S S	Ligate Diames Signature			
BLACK FIRST-CI	Subscribed and sworn to before me this 19th da	CliffSt,IdahoP. O. Address			
PS 를	Subscribed and sworn to before me this 1510da	ny of November 1942.  Notary Public, residing at Idaho Falls, Ida.			
y gi	(Note: Perjury is punishable as a felony in Idaho; see S	Sec. 17-914. Idaho Code Annotated)			
Use o bearin copy	() in parameters to a totolly in radio, see t	by Registrar.			

50000 Beller

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	695.10	2003-912				361600
COMPLETED certifiaho, for filing. No	United States	' (Be su	re the information is as o			tate File No 361686
ert	Department of C Bureau of the C		CERTIFICATI			ocal Reg. No
o Bir	4		STATE O			leg. Dist. No.
質量	1. PLACE OF B	Bannock (b) Cit	e of this birth)			HER (At time of this birth)
	(a) County	dress or R.F.D. No7	70 N Mein	(a) State	9(b)	County Bannock
CPL to the contract of the con		Hospital or Maternity I				
Idaho, er or e		born at home		(d) Street Address	or R.F.DN	o 710 N Main
datho or	(e) Mother's s	stay <b>BEFORE</b> delivery:	:	(e) How long has	<b>MOTHER</b> liv	red in Idaho?3yrs.
_≒ ≅	IN THIS	county 3 years	months days	3. RESIDENCE OF	· · · · · · · · · · · · · · · · · · ·	<del></del>
certificate. Mail tatistics, Boise, leents, money orde	4. FULL NAME	Carl Theadan	Wrensted  If so—born let 2nd 2nd	5. D	ate of Birth	of Child 10/2/1891
. B	OF CHILD	7 Twin or	If so_born	8. No. moi	Month, day, ] nths	year) 10/6/1091
ate. 3, Bo ioney	6. Sex male	Triplet	1st, 2nd, 3rd	of Preg		9. Legitimate? yes
s certifica Statistics, cents, mo		FATHER OF CHI	LD		OTHER OF	CHILD
tist tist	10. FULL NAME	Peter Thorval	Wrensted	16. FULL MAIDEN	Anna l	largrethe Rasmuss-
2 ts 2	11. Color	- 19 Ams	at time	17 Color	19	Age at time en
id S	or Race	of T	HIS birth 29 yrs.	or RaceWh1		of THIS birthyrs.
ita t	13. Birthplace	Frederikshave (City or town) (State	n. Denmark	19. Birthplace Be.	llenge 1	lark Denmark (State or foreign country)
₹×.	14 Exact			On Throat		
it of	Occupation	car repairer		Occupation	loumew11	`e
	15. Industry or Business	Union Pacifi	c Railroad	21. Industry or Business		
2 9 1						
祖野岛	22. Name prophylactic used to prevent Ophthalmia Neonatorum.					
9 e 9	23. Number of children of this mother: (a) At time of birth and including this child(b) Born alive and now living					
ribbon in com State Bureau Ivance payme	ATTENDANT'S CERTIFICATE  24 I HEREPV CERTIFY That I attended the high of this child who was 1170 at 9.00 P M on the data					
	24. I HEREBY CERTIFY That I attended the birth of this child, who wasaliveat 9:00 P M. on the date (Born alive, stillborn)					
typewriter postage to juires an a	and at the p.	iace stated above, and i	inat personal particulars	were furnished by	Pi4 \	, who is (Last name)
1 Se	related to th	is child as(Mo		(1	rirst name)	(Last name)
ir sy	25. Attendant's	(Mc	other, etc.) M.D.			
5 to	OWN signat	ure		Address		Date
100 1 200 1 7	State of	Idaho		A EXECUTABLE TO be some	nloted when	the attendant does not sign
\$ 1 6 6		Bannock		AFFIDAVII to be com	in Item 2	-
A L D				Mother		<del>- •</del>
525g	i, the under	signed, being first duly	sworn, say that I am	(Mother, etc.)	or the	person whose name appears
THE STATE	in Item 4, above	e, that I am now	7.2years of age,	that I have known thi	s person for.	years, and that
Ink or BLA bearing FIR Each certi		Dr. Rooker	, who attended this	birth deceased	L	
0 E 5	(First n	ame) (Last name	e) true to the best of my l	(Is now deceased)  I that bac and that I	or (Cannot be . decire to her	ocated) The conded under
Ink Earl		37 Session Laws.	•			
¥ 0 %				insia Illar	g seine	Weensled Signature
A G H		4	Cres	stel Ideha	, 	P. O. Address
BLACK nvelope r filing.	Subcaribad	and swam to hofore me	this 25th day of	Nous, ruano	ovember	10 42
ly BLACK envelope b for filing.	Subscribed	and sworm to before the	CINTINA	<b>M</b> 1		. D
E ii S	(SEAL) (Note: Peri	) hrv is nunishahla as a	elony in Idaho: see Sec		iblic, residing	at.Pocatello
Use cate			\ \ \		74 A 14	
いなり	Received for filing	ng on	0 1942	by Halin I	6 Lagran	, Registrar.
					•	

(1937 Session Laws, Chapter 139, Section 4)

·	466-313-014-168		201822		
46		of date of birth of THIS child)	State File No. 361723		
it i		E OF BIRTH	Local Reg. No		
ಶಿ 🕁		F IDAHO	Reg. Dist. No.		
COMPLETED certifi- daho, for filing. No	1. PLACE OF BIRTH (All items at time of this birth) (a) County (Canyon (b) City Caldwell		b) County Canyon		
E GE	(c) Street Address or R.F.D. No	(c) City .Caldwell	,		
APLY Cob.	(d) Name of Hospital or Maternity Home:		. No		
SOME labo, or co	(e) Mother's stay <b>BEFORE</b> delivery:		lived in Idaho? <b>15</b> yrs.		
Ide	IN THIS county years months days	3. RESIDENCE OF FATHER			
Mai oise, y ord	4. FULL NAME OF CHILD Bertha Lillian Moore		th of Child y, year) 1-13-1891		
ag eg	7. Twin or If so—born 1st, 2nd, 3rd	X No months	9. Legitimate? ves		
no es,	6. Sex female Triplet 1st, 2nd, 3rd FATHER OF CHILD	MOTHER O	F CHILD		
E ist.	10 Tertif.t. 2	16. FULL MAIDEN	*		
ent ce	NAME Hiram Baker Moore 11. Color 12. Age at time	NAMELauraBo.	le Johnston 8. Age at time		
in in S	or Race white of THIS birth 35 yrs.	17. Color or Race white	of THIS birth. 2.5yrs.		
ig ti ital	13. Birthplace Hendrysburg (State or Politic country)	19. BirthplaceStocktor	Missouri (State or foreign country)		
2	14. Exact	OO Tree of	)		
it of	Occupation Farmer 15. Industry or	21. Industry or			
yau me	Business	Business			
in comp Bureau paymen	22. Name prophylactic used to prevent Ophthalmia Neonatorum				
ate anc	ATTENDANT'S CERTIFICATE				
r ribbon o State I advance	24. I HEREBY CERTIFY That I attended the birth of this child, who was				
ter to te	and at the place stated above, and that personal particulars	were furnished by	, who is		
Wri age	related to this child as(Mother, etc.)	(First name)	(Last name)		
ir ste	25. Attendant's (Mother, etc.)		•		
2 W G 4. U P	OWN signature Midwife	Address	Date		
ASS.	State of Idaho	AFFIDAVIT to be completed wh	en the attendant does not sign		
K Recol-CLAS	County of	in Iter	n 25.		
Person	I, the undersigned, being first duly sworn, say that I am	the Mother etc.)	he person whose name appears		
A E	in Item 4, above, that I am nowyears of age,	that I have known this person	for <b>52</b> years, and that		
Fig. H	Clast name) , who attended this	birthNow.deceased	I further state that		
Part Part	the facts on the certificate above are true to the best of my	landered and all the total and	h Alie bi-k		
H BH	Chapter 139, 1937 Session Laws.	Laura Be	le Const. Signatura		
E 2 E			Signature  P. O. Address		
BLACK nvelope or filing.					
y B	Subscribed and sworn to before me this 24th day of	November			
	(SEAL) Eccesion & Phone	Notary Public, resid	ling at Caldwell, Ida		
Use on cate in charge	(Note: Perjury is punishable as a felony in Idaho; see Sec.	17-914, Idaho Code Annotated.)			
586	Received for filing on	by Haby Helde	Registrar.		

. 1,

(1937 Session Laws, Chapter 139, Section 4)

# STATE OF IDAHO DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of	Idaho			Certificate No	361723
County of	Canyon	ss.		Date Filed	
	rsigned does solemnly			(BIRTH OR D	EATH)
	(NAME ON ORIGINAL CERTI	FICATE)	(WAS BORN OR DIED)	(DATE OF EVENT)	)
(P	LACE OF EVENT)				
true facts as	shown by	RANCE POLICY, ETC.)	epared on	(GIVE DATE)	, are:
FACTS ("NXME", "	IO BE CORRECTED BIRTH DATE", "CAUSE OF DEAT	FROI h", etc.) (as on ori	M ginal) Rot	TO the correct FA. Tha Lillian Moo	
	Date	Jan. 13, 1	894	Jan. 13, 189	1
Subscribed ar	nd sworn to before me	this 6th		n 100 0	
Notary	Public, residing at	aldwell, Idaho	(SIGNATURE OF PARENT CORD: OF ATTENDANT. FOR BOX 125, 1	or ATTENDAND IF CORRECT FUNERAL DIRECTOR. INFORMAT OTHER CREDIBLE PERSON. Middleton, Id ADDRESS, CITY, STATE)	TING A BIRTH RE- ANT IF CORRECTING )
		RTING AFFIDAVIT (	F A SECOND PERS	SON	
	Idaho Canyon	SS.		VIT MUST ALSO BE EXECUT 39, 1937 IDAHO SESSION LAW	
The unde	raigned does solemnly	swear that he has kno s knowledge.	wledge of the corre	cted facts as set for	rth above and
day of	nd sworn to before m anuary ublic, residing at Ca	د (s	Signed Signed Signature of ANY CREDIBLE	LE PERSON OTHER THAN PE	REVIOUS AFFIANT.)
Notary P My commissi (SEAL)	ublic, residing at Ua ion expires Octob	Idwell, Idaho er 5, 1945.	05U	ADDRESS, CITY, STATE)	).
Received for	filing on	Ву	(850)	CTDAD'S SIGNATURE	

JAN 1'8 1943 and the second s reservation in the control of the co en de la companya de la co and the Control of Carlos Sample Mary Commence The second of th The second of th and the second of the second o The Control of the Co and the second of the second o

	419, 122 00 40-613			State File No. 361746	
<u> </u>			of date of birth of THIS child)		
envelo <sub>l</sub> certific	<del>-</del>	CERTIFICATE		Local Reg. No	
6 8 8	Bureau of the Census	STATE OF		Reg. Dist. No	
ertificate in filing. Each	1. PLACE OF BIRTH (All items at time of this birth) (a) County (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:	nen	(a) State <b>Idaha</b> (c) City <b>Wardher</b>	THER (At time of this birth) (b) County Shoshone  D. No.	
•	/-> 38-41				
COMPLETED No charge for	(e) Mother's stay BEFORE delivery: IN THIS county years months	days	3. RESIDENCE OF FATHER (ci	R lived in Idaho?yrs. ty, state) Ward ner-Idah	
		Darce f so—born st, 2nd, 3rd	8. No. months	th of Child 2 bruery 22 no. y, year) Jebruery 22 no. 1891 9. Legitimate? Yes.	
<b>7</b> .	FATHER OF CHILD		<del></del>	OF CHILD	
is certificate. Mail Idaho, for filing. N	10. FULL Peter Darcey.  11. Color or Race Uhite INSh of THIS birth	yrs.	16. FULL MAIDEN Bees 17. Color or Race White	18. Age at time	
를 <b>2</b>	13. Birthplace (City or town) (State or foreign or	ountry)	(City or town)	(State or foreign country)	
<u> </u>	14. Exact Occupation Miner,		On Event 11	ewife.	
ng th pise, n.	15. Industry or Business		21. Industry or Business	<b>1</b>	
£ 0.0	22. Name prophylactic used to prevent Ophthalmia Neonatorum				
E in a	23. Number of children of this mother: (a) At time of birth and including this child				
ŏ ŧ ş	ATTENDANT'S CERTIFICATE				
bon in al Sta	24. I HEREBY CERTIFY That I attended the birth of this child, who was				
of Vit	and at the place stated above, and that personal particulars were furnished by, who is related to this child as				
i i i	(Mother, etc.) 25. Attendant's	M.D.			
§ 5 5	OWN signature	Midwife	Address	Date	
it By	State of County of Ss.		AFFIDAVIT to be completed when in Item		
Reco o Sta	I the undergioned being first duly sworm sou th	at I am the.	(Mother, etc.)	the person whose name appears	
X = E	in Item 4, above, that I am now. 2 2 year	s of age, the	at I have known this person for	years, and that	
BLA stag	in Item 4, above that I am now years of age, that I have known this person for years, and that  (First same) (Last name) (Last name) (Is now deceased) or (Cannot be located)				
k or SS po	the facts on the certificate above are true to the be Chapter 139, 1937 Session Laws.	est of my kr	nowledge, and that I desire to	have this birth recorded under	
EZ\$		///a	ry D. aleres	Signature	
<b>웃</b> 은 를			Jobs Danla	Dasbara P. O. Address	
₹S §	Subscribed and sworn to before me this	day of.	august	1942 Sangues Cal	
Z is	(SEAL)	**************************************	Notary Public, residing	at Cakland, California	
ing ing	(Note: Perjury is punishable as a felony in Idah	o; see Sec. 1	17-91 Adaho Code Annotateda		
Use bear copy	Received for filing on		by Mary I bear	Registrar.	

(1937 Session Laws, Chapter 139, Section 4)

	263-126-03,	7-294			261 Man
₽S E	United States	' (Be sure the inf	ormation is as o	of date of birth of THIS ch	ild) State File No. 361767
#	Department of Comme	erce	CERTIFICATI	E OF BIRTH	Local Reg. No
ಶಿಜ್ಞ	Bureau of the Census		STATE OF	· ··· ·	Reg. Dist. No
COMPLETED certification for filling. No r ooin.	(a) County UWYN (c) Street Address	(All items at time of this (b) City De or R.F.D. No	Lamar	2. USUAL RESIDENCE (a) State Idaho (c) City Delama	OF MOTHER (At time of this birth) Owyhee  T
₹°.0	•	ar or maternity riome:		(d) Street Address or	R.F.D. No
Idah Idah er or	(e) Mother's stay B IN THIS county	<b>EFORE</b> delivery:	s days	(e) How long has MO. 3. RESIDENCE OF FAT	THER lived in Idaho? Tour yrs. THER (city, state)
Mai oise, y ord	4. FULL NAME	rge Brabison So	thern	5. Date (Mon	of Birth of Child th, day, year)Dec. 26,1891
\$ <b>B</b>	6. Sex male	i. I win or	II SODOFN	8. No. months	cy 9 9. Legitimate? <b>yes</b>
S 58		Triplet ATHER OF CHILD	1st, 2nd, 3rd	of Pregnand	ER OF CHILD
certificate atistics, I	4.0 PRETERV	Richard Sother	'n	16. FULL MANDENATE NAME	et Elizabeth Bruce
this can Starty certify certify certify certification.	11. Color White	12. Age at time of THIS birth y Tre18	33 yrs.	17. Color white	18. Age at time of THIS birth 35 yrs.
ting Vits	14. Exact mix	r town) (State or foreign		20. Exact nou	own) (State or foreign country) ISEWITE
omple au of nent	Occupation			Occupation 21. Industry or Business	
in c Bure payr	22. Name prophylactic				
5 8 9	23. Number of children				(b) Born alive and now living4
ribbon State dvance	24. I HEREBY CERT			CERTIFICATE child, who was	at
typewriter postage to puires an a	and at the place st	ated above, and that perso	onal particulars	were furnished by	name) (Last name) who is
tage w	related to this chil	d as(Mother, etc.)		(1.22)	(Lubt nume)
d typ S posi	25. Attendant's OWN signature	(Mother, etc.)	M.D. Midwife	Address	Date
	State of Work	ination		AFFIDAVIT to be complet	ed when the attendant does not sign
CLAS Copy	County of			$l \cdot + i$	n Item 25.
ACK RST- Hfled	I, the undersigned	, being first duly sworn, s	say that I am t	the Mother etc.)	of the person whose name appears
BILA FIR	in Item 4, above, that	I am now 57	years of age,	that I have known this pe	erson for
k or ring	(First name)	(Last name)		(is now deceased) or (	Cannot be located)  re to have this birth recorded under
K Ind	Chapter 139, 1937 Sess	sion Laws.	flare	l & other	Carlson. Signature
LACI elope filing	2877788	• • • • • • • • • • • • • • • • • • •	p 7/9-	5th ave n.W.s	eattle Wn. P. O. Address
only Bi in enve ge for i		orn to before me his 3.0	day of.	Movember	1942
e on te in			Idaho; see Sec.	Notary Public 17-914, Idaho Code Annot	residing at sauce
S G	Received for filing on.	DEC 3 1942	l	n Mary 21	Registrar.

### DELAVED RECISER ATION LAW

(1937 Session Laws, Chapter 139, Section 4)

		of date of birth of THIS child)	
	Department of Commerce CERTIFICAT		Local Reg. No
daho, for filing.	Bureau of the Census STATE O		Reg. Dist. No
), for filling. coin.	1. PLACE OF BIRTH (All items at time of this birth) (a) County (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:	(c) City August	OTHER (At time of this birth) b) County Latah
rusing er or	(e) Mother's stay BEFORE delivery: IN THIS county years months days		lived in Idaho?yrs
y ord	4. FULL NAME anne Laura Price	5. Date of Bir (Month. da	th of Child Oct 13, 1891
mone	6. Sex Triplet  7. Twin or Triplet  1st, 2nd, 3rd  FATHER OF CHILD		9. Legitimate?
ij	10. FULL affred Emmet Grice.	16. FULL MAIDEN Mar	tha Jane Greenwood
•	11. Color or Race 12. Age at time of THIS birth 3.3 yrs.	or Race While,	8. Age at time of THIS birthyrs lle Illinois
•	or Race 10 2000 of THIS birth 5 2 yrs.  13. Birthplace Healdsburg (City or town) (State or foreign country)  14. Exact Occupation Tarmer  15. Industry or	20. Exact Occupation 21. Industry or	(State or foreign country)
_	Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and	Business	
2 €			orn alive and now living4
вдувлсе	24. I HEREBY CERTIFY That I attended the birth of this	child, who was(Born alive stillborn)	atM. on the date
8 8.TI	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	were furnished by (First name)	(Last name) , who is
ğ	25. Attendant's M.D.  OWN signature Midwife	Address	Date
	State of California County of Butte	AFFIDAVIT to be completed wh in Iten	_
	I, the undersigned, being first duly sworn, say that I am in Item 4, above, that I am nowseventyyears of age,	(Mother etc.)	
n cer	Rebecca Greenwood , who attended this (First name)		I further state that
Eac	the facts on the certificate above are true to the best of my		nave this birth recorded under
è	1104 W. 2r	d St., Chico, Californi	.aP. O. Address
Ē			
ge for filling.	Subscribed and sworn to before me this 23d day of	November  Notary Public, resid	ing at Chico Califa

... intell

1 1 1 1 1

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or

guardian, or some person having direct knowledge in the premises.

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415 128-036-866 United States (Be sure the information is as of date of birth of THIS child) State File No Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Oneida (b) City Clifton (a) State Idaho (b) County Oneida (c) Street Address or R.F.D. No..... (c) City Clifton (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... Own home (e) How long has MOTHER lived in Idaho? 27 (e) Mother's stay **BEFQRE** delivery: 3. RESIDENCE OF FATHER (city, state) Clifton. Ida IN THIS county 20 years months days 5. Date of Birth of Child (Menth, day, year) Dec. 28, 1891 4. FULL NAME William Edward Daniels OF CHILD..... 7. Twin or If so-born 8. No. months Male 9. Legitimate? Yes 6. Sex Triplet NO 1st. 2nd. 3rd of Pregnancy 9 FATHER OF CHILD MOTHER OF CHILD NAME Lydia Jane Howell NAME James Richard Daniels 17. Color or Race White 18. 12. Age at time 18. Age at time 11. Color or Race White of THIS birth 27 vrs 13. Birthplace Oglace County Ohio
(City or town) (State or foreign country) 19. Birthplace Franklin Idaho (City or town) (State or foreign country) 14. Exact 20. Exact Housewife Occupation Farmer Occupation .... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. 12... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as....(Mother, etc.) 25. Attendant's **OWN** signature Midwife Address Date State of Idaho AFFIDAVIT to be completed when the attendant does not sign County of Bonneville { ss. in Item 25. I, the undersigned, being first duly sworn, say that I am the hother of the person whose name appears (Mother, etc.) in Item 4, above, that I am now years of age, that I have known this person for 51 years, and that Jane W. Howell , who attended this birth is now deceased. I further state that (First name) (Last name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Comm. expires Oct. Irwiff, Idaho P. O. Address 15, 1944 Subscribed and sworn to before me this 28th day of November , 19 42 (SEAL) Notary Public, residing at Swan Valley (Note: Perjury is punishable as a felony in Idaho; see Seo 17-914, Idaho Code Appotated.) Received for filing on DEC 3 by by

(1937 Session Laws, Chapter 139, Section 4)

294-104-108-693 (Be sure the information is as of date of birth of THIS child) United States State File No..... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Boise (b) City//assetting (a) State daho (b) County Sois! (c) Street Address or R.F.D. No. (c) City Van Wyk (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....vrs. (e) Mother's stay BEFORE delivery: IN THIS county months 3. RESIDENCE OF FATHER (city, state) vears FULL NAME 5. Date of Birth of Child (Month, day, year) Cor. H. 1891 OF CHILD .... 7. Twin or If so-born 8. No. months 1st. 2nd. 3rd Triplet 9. Legitimate? Wes of Pregnancy FATHER OF CHILD MOTHER OF CHILD NAME & Zama Cuna 11. Color 17. Color 18. Age at time  $\sigma$  of THIS birth #0 vrs or Race... 19. Birthplace Luncar Mel 13. Birthplace (City or town) (State or foreign country) (State or foreign country) 14. Exact 20. Exact Occupation / Youse West Occupation..... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by....., who is related to this child as....(Mother, etc.) 25. Attendant's OWN signature Midwife Address Date State of ...... Idaho ..... AFFIDAVIT to be completed when the attendant does not sign County of Valley in Item 25. who attended this birth Is In III health I further state that (Is now deceased) or (Cannot be located) (Last name) the facts on the certificate above are true to the best of my ledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Signature Signature Cascade . Idaho P. O. Address Subscribed and sworn to before me this day of December 19 42 ..........Notary Public, residing at Cascade s-a felony in Idaho; see Sec. 17-914. Idaho Code Annotated.) (Note: Perjury is punishable Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

	249-229,010-36	5-		201908		
유유	United States	(Be sure the information is as	of date of birth of THIS child)	State File No.		
喜名	Department of Commerce	CERTIFICAT	TE OF BIRTH	Local Reg. No.		
certii g. N	Bureau of the Census	STATE C	OF IDAHO	Reg. Dist. No		
ED co	1. PLACE OF BARTH (All ite	ms at time of this birth)	2. USUAL RESIDENCE OF M	OTHER (At time of this birth)		
	(a) County Dhoshons	(b) City Murray		b) County Shoshone		
No a	(c) Street Address or R.F.I					
E 7 5	(d) Name of Hospital or Ma	aternity Home:	· · · · · · · · · · · · · · · · · · ·			
E SE		dence		, No		
og:	(e) Mother's stay <b>BEFORE</b>	delivery:	(e) How long has MOTHER	lived in Idaho?yrs.		
<b>∄</b> _\$	-	years 7 months 20 days		(city, state) Murray Idaho		
ise M	4. FULL NAME Ina B	unton.	5. Date of Bi	th of Child y, year) October 29.1891		
. B. B.	7 7. Tw	in or If so—borr	8. No. months	y, year)		
at non	6. Sex temale Tripl			9. Legitimate? yes		
# # # # # # # # # # # # # # # # # # #		OF CHILD	MOTHER C	OF CHILD		
tist tis,	10. FULL	lliam Burton	16. FULL MAIDEN NAME Ida Helen	as Inches		
9 <u>\$</u> 5	11. Color 0 · /	12. Age at time	17 Colon	8. Age at time		
sig S	or Race white	of THIS birth 30 yrs.	or Race white	of THIS birth, 22 yrs.		
tal ift	13. Birthplace Jauckee	California	19. Birthplace Jankto	n South Daketa		
ing Vir	(City or town)	(State or foreign country)	20. Exact	(State or foreign country)		
e Fet	Occupation Baker	and merchant	Occupation	wife		
d re	15. Industry or		21. Industry or			
10 a a	Business	<del> </del>	Business			
pay in	22. Name prophylactic used to	prevent Ophthalmia Neonatorun	1			
트 등 6	23. Number of children of this mother: (a) At time of birth and including this child 2(b) Born alive and now living 2					
ate		ATTENDANT'S	CERTIFICATE			
ribbe State dvane	24. I HEREBY CERTIFY Th	ATTENDANT'S at I attended the birth of this	child, who was	at 2:00 P. M. on the date		
ter ribbe to State n advane		at I attended the birth of this	child, who was	at 2:00 P.M. on the date		
vriter ribbo ge to State s an advane	and at the place stated abo	at I attended the birth of this ove, and that personal particular.	child, who was	at 2:00 P. M. on the date  Hinkle who is		
pewriter ribbo stage to State res an advane	and at the place stated abo	ove, and that personal particulars  Mother (Mother, etc.)	child, who was	at 2:00 P. M. on the date  Hinkle who is		
typewriter ribbo postage to State quires an advane	and at the place stated aborelated to this child as	ove, and that personal particulars  Mother, etc.)  M.D.	child, who was aline (Born alive, stillborn s were furnished by alam (First name)	at 2:00 P. M. on the date  Hinkle , who is  (Last name)		
rd typewriter ribboss postage to State requires an advance	and at the place stated aborelated to this child as  25. Attendant's OWN signature	ove, and that personal particular,  Mother, etc.)  M.D.  Midwife	child, who was	at 2:00 P. M. on the date  Hinkle who is		
cord typewriter ribbo. ASS postage to State py requires an advan	and at the place stated aborelated to this child as  25. Attendant's  OWN signature  State of	ove, and that personal particulars  Mother, etc.)  M.D.  Midwife	child, who was aline (Born alive, stillborn s were furnished by alam (First name)	at 2:00, P. M. on the date  Hinkle , who is  (Last name)		
Record typewriter ribbo CLASS postage to State copy requires an advance	and at the place stated aborelated to this child as  25. Attendant's OWN signature	ove, and that personal particulars  Mother, etc.)  M.D.  Midwife	child, who was	at 2.00, P. M. on the date  Hinkle , who is  (Last name)  Date  ten the attendant does not sign		
3K Record typewriter ribbosT-CLASS postage to State of copy requires an advance	and at the place stated aborelated to this child as  25. Attendant's OWN signature  State of	at I attended the birth of this ove, and that personal particulars  Mother, etc.)  M.D.  Midwife  Ss.  first duly sworn, say that I am	child, who was	Date  Date  nen the attendant does not sign no 25.  he person whose name appears		
ACK Record typewriter ribbe RST-CLASS postage to State tified copy requires an advane	and at the place stated aborelated to this child as  25. Attendant's OWN signature  State of	at I attended the birth of this ove, and that personal particulars  Mother, etc.)  M.D.  Midwife  Ss.  first duly sworn, say that I am	child, who was	Date  Date  nen the attendant does not sign no 25.  he person whose name appears		
BLACK Record typewriter ribbe FIRST-CLASS postage to State certified copy requires an advan	and at the place stated aborelated to this child as  25. Attendant's OWN signature  State of	at I attended the birth of this ove, and that personal particular  Mother, etc.)  M.D.  Midwife  Ss.  first duly sworn, say that I am ow	child, who was	Date  Date  Description of the date of the		
or BLACK Record typewriter ribbe ng FIRST-CLASS postage to State th certified copy requires an advan	and at the place stated aborelated to this child as  25. Attendant's OWN signature  State of	at I attended the birth of this ove, and that personal particular  Mother, etc.)  M.D.  Midwife  Ss.  first duly sworn, say that I am ow	child, who was	Date  Date  Description of the date of the		
nk or BLACK Record typewriter ribbe aring FIRST-CLASS postage to State Each certified copy requires an advam	and at the place stated aborelated to this child as	at I attended the birth of this  ove, and that personal particulars  mother, etc.)  M.D.  Midwife  ss.  first duly sworn, say that I am  ow. 73	child, who was	Date  Date  nen the attendant does not sign no 25.  the person whose name appears for		
Ink or BLACK Record typewriter ribbe bearing FIRST-CLASS postage to State Each certified copy requires an advam	and at the place stated aborelated to this child as	at I attended the birth of this ove, and that personal particulars  M.D. Midwife  Ss.  first duly sworn, say that I am now	child, who was	Date  Date  nen the attendant does not sign no 25.  the person whose name appears for		
CK Ink or BLACK Record typewriter ribbe pe bearing FIRST-CLASS postage to Statung. Each certified copy requires an advan	and at the place stated aborelated to this child as	at I attended the birth of this  ove, and that personal particular,  Mother, etc.)  M.D.  Midwife  ss.  first duly sworn, say that I am  ow. 73 years of age  thus, who attended this (Last name) ove are true to the best of my  over.	child, who was	Date  Date  Date  Description of the date of the attendant does not sign of 25.  The person whose name appears for years, and that the located of the located of the person whose name appears for years, and that the located of the l		
.ACK Ink or BLACK Record typewriter ribbe clope bearing FIRST-CLASS postage to State filing. Each certified copy requires an advance.	and at the place stated aborelated to this child as	at I attended the birth of this ove, and that personal particular, was money (Mother, etc.)  M.D. Midwife  Ss. first duly sworn, say that I am ow years of age thing, who attended this (Last name) over are true to the best of my was more than the control of the	child, who was	Date  Date  nen the attendant does not sign no 25.  the person whose name appears for		
BLACK Ink or BLACK Record typewriter ribbe nvelope bearing FIRST-CLASS postage to State or filing. Each certified copy requires an advan	and at the place stated aborelated to this child as	at I attended the birth of this ove, and that personal particulars are more more more more more more more mo	child, who was	Date  Date  nen the attendant does not sign no 25.  the person whose name appears for		
nly BLACK Ink or BLACK Record typewriter ribben envelope bearing FIRST-CLASS postage to State; for filing. Each certified copy requires an advant	and at the place stated aborelated to this child as	at I attended the birth of this ove, and that personal particulars are more more more more more more more mo	child, who was	Date  Date  nen the attendant does not sign no 25.  the person whose name appears for		
	and at the place stated aborelated to this child as	mat I attended the birth of this ove, and that personal particulars are more many many many many many many many many	child, who was	Date  Date  Date  Date  Date  Description of the date of the located of the locat		
	and at the place stated aborelated to this child as	at I attended the birth of this ove, and that personal particulars are more more more more more more more mo	child, who was	Date  Date  Date  Date  Date  Description of the date of the located of the locat		

eszád (C. P.) – e

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# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

	318-120-021-41	5		<b>41</b> 000
₽S	United States (1	Be sure the information is as	of date of birth of THIS child	- T.
ert.	Department of Commerce		E OF BIRTH	Local Reg. No
ဗီ ရွှဲ	Bureau of the Census		F IDAHO	Reg. Dist. No
COMPLETED certifi- daho, for filing. No r or coin.	1. PLACE OF BIRTH (All items a (a) County Franklin (b)	nt time of this birth) Octy Tepelton		F MOTHER (At time of this birth) (b) CountyFranklin
Hotel Hotel	(c) Street Address or R.F.D. No		,,	n
(PLE Soin.	(d) Name of Hospital or Materi	nity Home:	1	
No.	amily re			F.D. No
1 5 5	(e) Mother's stay <b>BEFORE</b> deli IN <b>THIS</b> county 5 year			ER lived in Idaho? 18 yrs. ER (city, state)
s certificate. Mail Statistics, Boise, I cents, money orde	4. FULL NAME	III	5. Date of	Birth of Child
	4. FULL NAME OF CHILD John Lero 7. Twinter 6. Saymala Triplet	y rayror.	(Month	day, year) Dec 20,1891
statistics, Boi cents, money	6. Sexmale Triplet	r 11 so—born 1st, 2nd, 3rd	of Pregnancy	nine 9. Legitimate? yes
<u> </u>	FATHER OF		MOTHE	R OF CHILD
E ist.	10 FILL.		16. FULL MAIDEN	th Davis
en tage	NAME Edward aylo		NAME ELLZAUE	19 Ago at time
: <u>S</u>	or Race white 12.	of THIS birth 43 yrs.	or Race white	18. Age at time of THIS birth25yrs.
# 4	13 Birthplace Lineshi	ne. England	19 Birthplace Eng	land
	13. Birthplace Lineshi (City or town)	(State or foreign country)	(City or tow	Tand  (State or foreign country)
# F 6	14. Exact Farmer		20. Exact Hou	sewife
ar on	15. Industry or		21 Industry or	
no as an	Business farming	·	Business Farmi	ng
a n g	22. Name prophylactic used to pre-	vent Ophthalmia Neonatorum		
- A B	23. Number of children of this mot	The state of the s		
5 5 5		The same of the property of the page of th	CERTIFICATE	
ribbon in completing State Bureau of V dvance payment of	24. I HEREBY CERTIFY That I			at
typewriter ribbon in comple postage to State Bureau o quires an advance payment	and at the place stated above,	and that personal particulars	Born alive, stills:  were furnished by	orn) , who is me) (Last name)
	related to this child as	•	(First na	me) (Last name)
ir ste	related to this child as	(Mother, etc.)		
	25. Attendant's OWN signature	M.D.	Address	Date
Record typew CLASS postag copy requires				
94 A	State of Idaho	} ss.	-	when the attendant does not sign
	County of Madison			Item 25.
ST	I, the undersigned, being first	duly sworn, say that I am	the Magnet etc.)	of the person whose name appears
3# £	in Item 4, above, that I am now	years of age,	that I have known this pers	on for 30 years, and that
M H S	Midwife		were is now decess	AND I further state that
유로	(First name) (Las	t name)	(Is now deceased) or (Car	nnot be located)
둮첉뛇	the facts on the certificate above Chapter 139, 1937 Session Laws.	are true to the best of my	1 1 1 1 1	
IJĕ.	Chapter 159, 1957 Session Laws.		CAM. Nebs	Signature
E 2 2 2				
₽ĕE		<b>ZK</b>	Kexourg, Loanc	P. O. Address
Use only BLACK Ink or BLACK cate in envelope bearing FIRST-charge for filing. Each certified	Subscribed and sworn to before	re me thisday of	December	1942
g ii ë	(SEAL)		Notary Public, r	esiding at Rexburg, Idaho. d.)
ere c	(Note: Perjury is punishable	as a felony in Idaho; see Sec.	. 17-914, Idaho Code Annotate	
<b>m</b> = =		· · · · · · · · · · · · · · · · · · ·	. 44 1 14	<i>D</i> . •
∌ 8 ಕ	Received for filing on	TEP-1-0-1049	by	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

Amended Jan. 17, 1955 753-112-076-789	26230
United States (Be sure the information is as	
Department of Commerce CERTIFICATI	E OF BIRTH Local Reg. No Local Reg. No
Bureau of the Census STATE OF	
1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) County. Oneida (b) City. MinkCreek	(a) State Idaho (b) County Oneida
(c) Street Address or R.F.D. No. Idaho	(c) City MinkCreek
(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No.
(e) Mothers stay <b>BEFORE</b> delivery:	(e) How long has <b>MOTHER</b> lived in Idaho?
In THIS county 20 years months days	3. RESIDENCE OF FATHER (city, state)
4. FULL NAME OF CHILD EPHRAIM PETERSEN JR.	5. Date of Birth of Child (Month, day, year) June 12, 1891
7. Twin or If so—born	8. No. months
6. Sex M Triplet 1st, 2nd, 3rd	of Pregnancy 9 9. Legitimate? Yes
FATHER OF CHILD	MOTHER OF CHILD
10. FULL Ephraim Petersen	16. FULL MAIDEN NAME Annie Christina Christensen
11 Color	17. Color 18. Age at time
or Race White of THIS birth yrs.	or Race
13. Birthplace Brigham City, Utah	19. Birthplace Fed Denmark
(City or town) (State or foreign country)	(City or town) (State or foreign country)
14. Exect Occupation Farm and Grocery Store	20. Exact Occupation Housewife
15. Industry or	21. Industry or
Business	
business	Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum	
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn)  rnished by Frances P. Luthy  (First name)  Address
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn)  nished by Frances P. Luthy  (First name) (Last name)
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn)  rnished by Frances P. Luthy  (First name)  Address
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn)  mished by Frances P. Luthy (First name) (Last name)  Address Date  Tocoma Wash.  AFFIDAVIT  to be completed when the attendant does not sign in Item 25.)
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn)  mished by Frances P. Luthy (First name) (Last name)  Address Tocoma Wash.  AFFIDAVIT  to be completed when the attendant does not sign in Item 25.)
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the dominished by Frances P. Luthy (Last name)  Address Tocoma Wash.  AFFIDAVIT To be completed when the attendant does not sign in Item 25.)  Le of the person whose name appears in Item
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn) mished by Frances P. Luthy (First name)  Address  Tocoma Wash.  AFFIDAVIT to be completed when the attendant does not sign in Item 25.)  fe of the person whose name appears in Item (Mother, etc.) have known this person for 30 years, and the
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn) nished by Frances P. Luthy (First name) (Last name)  Address Date  Tocoma Wash.  AFFIDAVIT to be completed when the attendant does not sign in Item 25.)  (Mother, etc.) have known this person for 30 years, and the whole attended this birth Deceased I further
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn)  mished by Frances P. Luthy  (First name)  Address  Tocoma Wash.  AFFIDAVIT  to be completed when the attendant does not sign in Item 25.)  fe of the person whose name appears in Item  (Mother, etc.) have known this person for 30 years, and the who attended this birth Deceased I furth  (Is now deceased) or (Cannot be located)
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn) mished by Frances P. Luthy (First name) (Last name)  Address Date  Tocoma Wash.  AFFIDAVIT to be completed when the attendant does not sign in Item 25.)  fe of the person whose name appears in Item (Mother, etc.) have known this person for 30 years, and the whole attended this birth Deceased I furth (Is now deceased) or (Cannot be located)  owledge, and that I desire to have this birth recorded under Chapter 15
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn) mished by Frances P. Luthy (First name)  Address  Tocoma Wash.  AFFIDAVIT to be completed when the attendant does not sign in Item 25.)  fe of the person whose name appears in Item  (Mother, etc.) have known this person for 30 years, and the who attended this birth Deceased I furth (Is now deceased) or (Cannot be located) or when the located when the deceased or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cannot be located) or the person whose name appears in Item  (Is now deceased) or (Cann
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn) nished by Frances P. Luthy (First name)  Address  Tocoma Wash.  AFFIDAVIT to be completed when the attendant does not sign in Item 25.)  fe of the person whose name appears in Item (Mother, etc.) have known this person for 30 years, and the whole when the Item (Is now deceased) or (Cannot be located)  who attended this birth Deceased I furth (Is now deceased) or (Cannot be located)  where I is now deceased in the located of the person whose name appears in Item (Is now deceased) or (Cannot be located)  When the located in the located of the person whose name appears in Item (Is now deceased) or (Cannot be located)  When the located in
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn) nished by Frances P. Luthy (First name)  Address  Tocoma Wash.  AFFIDAVIT to be completed when the attendant does not sign in Item 25.)  fe of the person whose name appears in Item (Mother, etc.) have known this person for 30 years, and the whole when the Item 25 years, and the whole when the Item 25 years, and the whole whom the birth becased I further (Is now deceased) or (Cannot be located)  When the person years and the strength of the person whose name appears in Item (Is now deceased) or (Cannot be located)  When the person years and the strength of the person years and the strength of the person of the person years, and the person years are person years.  Mrs. Ethel Petersen Signature 961 Hiawatha Place Seattle P.O. Address December 19 12.
22. Name prophylactic used to prevent Ophthalmia Neonatorum	this child 6 (b) Born alive and now living 5  CERTIFICATE at M. on the do  (Born alive, stillborn) mished by Frances P. Luthy (First name)  Address  Tocoma Wash.  AFFIDAVIT To be completed when the attendant does not sign in Item 25.)  ACCOMA WASH.  (Mother, etc.) have known this person for 30 years, and the whole attended this birth Deceased I furth (Is now deceased) or (Cannot be located)  who attended this birth Deceased I furth (Is now deceased) or (Cannot be located)  who attended this birth Deceased I furth (Is now deceased) or (Cannot be located)  When the person whose name appears in Item (Is now deceased) or (Cannot be located)  When attended this birth Deceased I furth (Is now deceased) or (Cannot be located)  When the person whose name appears in Item (Is now deceased) or (Cannot be located)  When the person whose name appears in Item (Is now deceased) or (Cannot be located)  When the person whose name appears in Item (Is now deceased) or (Cannot be located)  When the person whose name appears in Item (Is now deceased) or (Cannot be located)  When the person whose name appears in Item (Is now deceased) or (Cannot be located)  When the person whose name appears in Item (Is now deceased) or (Cannot be located)  When the person whose name appears in Item (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now deceased) or (Cannot be located)  When the person (Is now d

(1937 Session Laws, Chapter 139, Section 4)

United States	(Be suite	the information is as of	date of birth of THIS ch	ild State File No
Department of	Commerce -	- CERTIFICATE	OF BIRTH - ~	Local Reg. No
Bureau of the C	ensus	STATE OF	IDAHO	Reg. Dist. No
(a) County. (c) Street A	ddress or R.F.D. No	MINKAYAKK	(a) State data (c) City	R.F.D. No.
	stay BEFORE delivery: county 2 0 years	months days	(e) How long has MO 3. RESIDENCE OF FATHE	OTHER lived in Idaho?
4. FULL NAME OF CHILD	Chraim Pet	ersons gra		of Birth of Child June 12.1
6. Sex	7. Twin or Triplet	If so—born	8. No. months	
o. Sex	<del> </del>	1st, 2nd, 3rd		
10. FULL NAME	FATHER OF CHILD	races	10 FILL MARRIE	ohrustina Christian  18. Age at time
or Race	hale of THI	s birthyrs.	or Race	of THIS birth
14. Exact	(City nown) (Sta	or foreign country)	20 Exact (City or	town) (State or foreign country
Occupation . 15. Industry or Business	John M.	Trockeryate	Occupation	ise rospe
_22. Name proph	vlactic used to prevent Or	ohthalmia Neonatorum		
				(b) Born alive and now living
	· · · · · · · · · · · · · · · · · · ·	ATTENDANT'S C	<del></del>	
			(Born alive, stillbo	
and at the j related to th	place stated above, and the		vere furnished by(Fir	Janus (Last name) wh
25. Attendant's OWN signat	ure Mirs Dr	er, etc. M.D. Midwife	Address Jocom	a Wash Date
State of County of	sting tow )	ss. AF		d when the attendant does not not item 25.
	signed being first duly sw		(Mather, etc.)	of the person whose name app
	3ink	, who attended this b	I have known this perso pirth	on for years, and I further state
(First name) the facts on the	Certificate above are tru	<del>)</del> )	(Is now deceased) or (C wledge, and that I desir	annot be located) e to have this birth recorded u
Chapter 139, 19	37 Session Laws.	o m	1 Hiawaths	Signa Signa
	and sworn to before the			1947
(SEAL	jury is punishable as a fe		Notary Public, res	
LOIDER: Per	THE SECRETARISHED AS A LET	v 111 112011111. NEEL CHEC. 1 (*	017, 1005EE VOID MINIUUKI	vous j
(21000) 2,44		, rumie, 200 200, 2.	М. И	4.

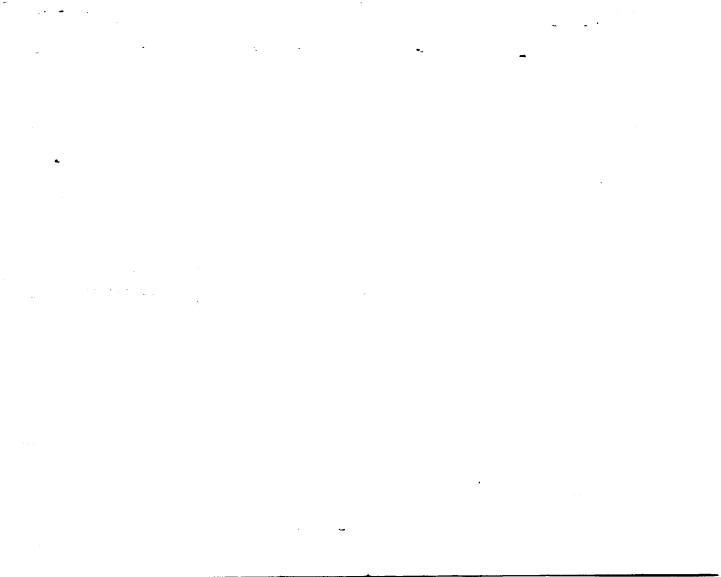
(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and still by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge

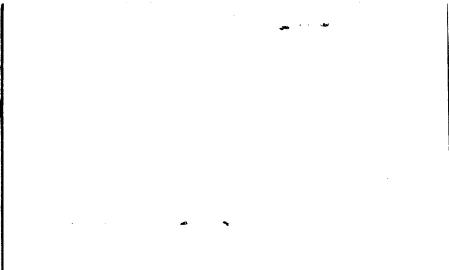
in the premises.

# STATE OF IDAHO DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend	An Original Certificate of Birth or Death
State of Saho	Certificate No. 363310
County of Franklin ss.	Date Filed 7-10-42
The undersigned does solemnly swear that certa	in facts on the certificate of Little
for Ephrain Outersen Ja (Name on Original Certificate)	who was burn on (Birth or Death)
	(,
(Place of Eyent) CHIRCH RECORT	oneous or were omitted; and that, to the best of his knowledge, the
time facts are shown by Tamill (Lice)	propored on Abday 10 1501 and
(Bible Record, Insurance Policy, FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	Etc.) Viewed by Div. of Wital (Give Date) FROM Statistics. As on Original) (The Correct Facts)
Die Vate June	12, 1893 June 12, 1891
Subscribed and swift to before me this	Signed Signature of parent or attendent if correcting a birth rec
Notary Public, residing at Putter of the	a death record; or other credible person.)
My commission expires M41.1-1917.	(Street Address, City, State)
	DAVIT OF A SECOND PERSON
State of Jahr. County of Franklin ss.	[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]
The undersigned does solemnly swear that he ha are true to the best of her knowledge.	s knowledge of the corrected facts as set forth above and that the
Subscribed and solution to before me this 195 4	day of Signed
Pulls State	D 1- 011
Notary Public, residing at Tuling of Ac- My commission expires TML 1-1917 (Seal)	(Street Address, City, State)



		_	
the	Stake		No. CERTIFICATE OF MEMBERSHIP
ij.	S		Date Jun. 10 1927
			TO WHOM IT MAY CONCERN:
6			This Certifies That(Sex)
			is a of record in the Ward of the Stake
		į.	of the CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS, and is hereby recommended to any ward or branch of the Church.
			Father's Name Mother's Maiden Name
	į		Born 12 3 ml 1811 at.
	ard		Blessed - by
	M		Baptized - 27 Cure 1814 by 1 1 12 12 1 1 Recorded by Ward receiving this person (Record Number)
	•	: 1	Confirmed - 2 they (877 by
		1	Ordained - 20 5 cc. 1908 a 1 by . 62
pa	1		Removed to Ward, Stake, Address
Accèpi		Keside	itmi timas Land CLERK Hay to, Man ADDRESS
			<i>y</i> ADDRESS



United States (Be sure Information is as of	f date of birth of THIS child) State File No.				
Department of Commerce CERTIFICATE					
Bureau of the Census DEC 28 1942 STATE OF					
1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth				
(a) CountyCanyon (b) City.Caldwell	(a) State Idaho == (b) County Canyon ==				
(c) Street Address or R.F.D. No	(c) CityCaldwell				
(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No				
	(e) How long has MOTHER lived in Idaho?10yr				
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days	3. RESIDENCE OF FATHER (city, state) deceased				
4. FULL NAME	5. Date of Birth of Child (Month, day, year) Feb. 9				
OF CHILD Annabel Wagoner 7. Twin or If so—born 6. Sex Female Triplet no 1st, 2nd, 3rd	8. No. months				
	of Pregnancy 9 9. Legitimate? ye				
FATHER OF CHILD	MOTHER OF CHILD 16. FULL MAIDEN				
10. FULL NAME Woodford Gaines Wagoner	NAME Lille Bell Weeks				
11 Color 12 Age at time	17. Color 18. Age at time				
or Racewhite of THIS birth 30 yrs.	or Race white of THIS birth 23 yr				
13. Birthplace Indianapolis. Indiana	19. Birthplace Navada Missouri (City or town) (State or foreign country)				
14. Exact					
14. Exact Occupation	Occupation Housewife				
15. Industry or Business Farming	21. Industry or Business Home				
Dusiness • Al milit	<del></del>				
22. Name prophylactic used to prevent Ophthalmia Neonatorum none  23. Number of children of this mother: (a) At time of birth and including this child 1(b) Born alive and now living 2					
ATTENDANT'S	CERTIFICATE				
24. I HEREBY CERTIFY That I attended the pirth of this of	(Born slive, stillborn)				
24. I HEREBY CERTIFY That I attended the birth of this c and at the place stated above, and that personal particulars	were furnished by Lillie Bell wagoner, who				
related to this child asmother	(First name) (Last name)				
(Mother, etc.)	,				
25. Attendant's M.D. Midwife	Address Date				
State of Washingtok	AFFIDAVIT to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant to be completed when the attendant does not significant does not significant to be completed when the attendant does not significant does n				
County of	in Item 25.				
I, the undersigned, being first duly sworn, say that I am t	the mother of the person whose name appear				
in Item 4, above, that I am now	that I have known this person for				
in term 4, above, that I am now	1 is now deceased T further state th				
(First name) (Last name) who attended this	(Is now deceased) or (Cannot be located)				
the facts on the certificate above are true to the best of my l	knowledge, and that I desire to have this birth recorded und				
Chapter 139, 1987 Session Laws.					
	Wapato, Washington P. O. Addre				
Subscribed and sworn to before me this day of					
Subscribed and sworn to before me this					
(SEAL)	Notary Public, residing at				
(Note: Perjury is punishable as a relony in Idaho; see Sec.					
Received for filing on	by Registre				
· · · · · · · · · · · · · · · · · · ·					

(1937 Session Laws, Chapter 139, Section 4)

Department of Comme	erce	CERTI	is as of date of birth of	Local Reg. No
Bureau of the Census		STA	TE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH				IDENCE OF MOTHER (At time of this bi
(a) County Latal	h(b) C	ityV.1018	(a) StateI	daho(b) CountyLatah
(c) Street Address	or R.F.D. No	Goneral	(c)-City	Viola Viola
(d) Name of Hospit	tai or materinty	LIUILIE.	(3) (4	dress or R.F.D. No. General
(e) Mother's stay B				has MOTHER lived in Idaho?4
IN THIS count	y 7 years		days 3. RESIDENCE	OF FATHER (city, state) Same
4. FULL NAME OF CHILDA.	rchie Lee	Rowland	hom 9 No	5. Date of Birth of Child (Month, day, year) 6-25-1895, months
6. Sex Male	7. Twin or Triplet	No 1st, 2		Pregnancy 9 9. Legitimate?
	FATHER OF CH		, 3	MOTHER OF CHILD
10 FULL			16. FULL MAII	Eoretta DePartee
11 0-1	19 46	Lee Rowland	17 Color	18. Age at time
or Race Whit	te of	THIS birth22.	yrs. or Race	ite of THIS birth 10
3				Salt Lake Utah (City or town) (State or foreign country)
13. Birthplace (City of	or town) (St	ate or foreign country)	20. Exact	(City or town) (State or foreign country)
14. Exact	Farmer		Occupation	House Wife
15. Industry or			21. Industry or	
<u>Business</u>			Business	<u> </u>
23. Number of childre	en of th <del>is</del> mother	: (a) At time of bit ATTEND	th and including this chi	ildQneb) Born alive and now living  Born
23. Number of childres 24. I HEREBY CERT and at the place so	rify That I attated above, and ld as Fat.	: (a) At time of bin ATTEND tended the birth of that personal part	th and including this chi ANT'S CERTIFICATE f this child, who was(Bo iculars were furnished b	Born at 1 A.M. on the
23. Number of children  24. I HEREBY CERT  and at the place so related to this chil  25. Attendant's	rify That I attated above, and ld as Fat.	ATTEND tended the birth of that personal part her fother, etc.)	th and including this chi ANT'S CERTIFICATE f this child, who was (Bo iculars were furnished b . I.D.	Born alive and now living.  Born at 1 AM on the rn alive, stillborn Rowland , with the rest name (Last name)
23. Number of children  24. I HEREBY CERT  and at the place so related to this chil  25. Attendant's  OWN signature	rify That I attated above, and ld as Fat	ATTEND tended the birth of that personal part her Mother, etc.)	th and including this chi ANT'S CERTIFICATE f this child, who was (Bo iculars were furnished b	Born alive and now living.  Born alive and now living.  A.M. on the realize stillborn Rowland, wi
23. Number of childred  24. I HEREBY CERT  and at the place so related to this child  25. Attendant's  OWN signature  State of	rify That I attended above, and ld as Fat	: (a) At time of bin ATTEND tended the birth of that personal part her Mother, etc.)	th and including this chi ANT'S CERTIFICATE f this child, who was (Bo iculars were furnished b  I.D. Iidwife Address	Born alive and now living  Born at 1 AM on the rn alive, stillborn Rowland , with the rest name Date  e completed when the attendant does not
23. Number of childred  24. I HEREBY CERT  and at the place so related to this child  25. Attendant's  OWN signature	rify That I attended above, and ld as Fat	: (a) At time of bin ATTEND tended the birth of that personal part her Mother, etc.)	th and including this chi ANT'S CERTIFICATE f this child, who was (Bo iculars were furnished b  I.D. Iidwife Address	Born alive and now living  Born at 1 AM on the rn alive, stillborn)  Lee Rowland with the rate of the rest name (Last name)  Date
23. Number of childred  24. I HEREBY CERT  and at the place so related to this child  25. Attendant's OWN signature  State of Idah  County of Ne zi	en of this mother  TIFY That I atted above, and ld as Fat.	ATTEND tended the birth of that personal part her whother, etc.)	th and including this chi ANT'S CERTIFICATE f this child, who was (Bo iculars were furnished b  I.D. Lidwife Address  AFFIDAVIT to be I am theAunt	Born at 1 AM on the realize stillborn Rowland (Last name)  Date  e completed when the attendant does not in Item 25.
23. Number of children  24. I HEREBY CERT  and at the place strelated to this chil  25. Attendant's  OWN signature  State of Idah  County of Nezl  I, the undersigned	en of this mother  TIFY That I attended above, and lid as Fat.  Another Perce.  Indian first du	: (a) At time of bin ATTEND tended the birth of that personal part her Mother, etc.)	th and including this chi ANT'S CERTIFICATE f this child, who was (Bo iculars were furnished b I.D. lidwife Address  AFFIDAVIT to be I am the	Born at 1 AM on the remailing, stillborn at 1 AM on the remailing, stillborn Rowland (Last name)  Date  e completed when the attendant does not in Item 25.  of the person whose name approximation.
23. Number of childred  24. I HEREBY CERT  and at the place so related to this chil  25. Attendant's  OWN signature  State of Idah  County of Nezl  I, the undersigned in Item 4, above, that	en of this mother  TIFY That I attended above, and lid as Fat.  10.  Perce.  d, being first du t I am now	: (a) At time of bin  ATTEND tended the birth of that personal part her dother, etc.)  Solution  Months  Solution  ATTEND  Months  Months  Solution  A solution  Months  Months  Solution  A solution  Months	th and including this chi ANT'S CERTIFICATE f this child, who was (Bo iculars were furnished b  LD. Idwife Address  AFFIDAVIT to be I am the Aunt (Mother, et of age, that I have know	Born at 1 A.M. on the broadly, stillborn Rowland (Last name)  Date  e completed when the attendant does not in Item 25.  of the person whose name appropriately on this person for 51
23. Number of childred  24. I HEREBY CERT  and at the place so related to this chil  25. Attendant's  OWN signature  State of Idah  County of Nezl  I, the undersigned in Item 4, above, that	en of this mother  TIFY That I attended above, and lid as Fat.  10.  Perce.  d, being first du t I am now	: (a) At time of bin  ATTEND tended the birth of that personal part her dother, etc.)  Solution  Months  Solution  ATTEND  Months  Months  Solution  A solution  Months  Months  Solution  A solution  Months	th and including this chi ANT'S CERTIFICATE f this child, who was (Bo iculars were furnished b  LD. Idwife Address  AFFIDAVIT to be I am the Aunt (Mother, et of age, that I have know	Born at 1 A.M. on the broadly, stillborn Rowland (Last name)  Date  e completed when the attendant does not in Item 25.  of the person whose name appropriately on this person for 51
23. Number of childred  24. I HEREBY CERT  and at the place so related to this child  25. Attendant's  OWN signature  State of Idal  County of Nezz  I, the undersigned in Item 4, above, that  (First name) the facts on the certification.	en of this mother  ITFY That I attended above, and ld as Fat.  And Parca dd, being first du t I am now 6 and (Last nai ificate above are	ATTEND tended the birth of that personal part her Mother, etc.)  ss.  ly sworn, say that lyears, who attend me)	th and including this chi ANT'S CERTIFICATE f this child, who was iculars were furnished b  LD. Idwife Address  AFFIDAVIT to be I am the Aunt (Mother, et of age, that I have know ed this birth Canno (Is now dec	Born at 1 AM on the remailing, stillborn at 1 AM on the remailing, stillborn Rowland (Last name)  Date  e completed when the attendant does not in Item 25.  of the person whose name approximation.
23. Number of childred  24. I HEREBY CERT  and at the place so related to this chil  25. Attendant's  OWN signature  State of Idah  County of Ne zi  I, the undersigned in Item 4, above, that  (First name)	en of this mother  ITFY That I attended above, and ld as Fat.  And Parca dd, being first du t I am now 6 and (Last nai ificate above are	ATTEND tended the birth of that personal part her	th and including this chi ANT'S CERTIFICATE f this child, who was (Bo iculars were furnished b  LD. Idwife Address  AFFIDAVIT to be I am the	Born at 1 AM on the realize stillborn Born alize, stillborn AM on the realize, stillborn Rowland (Last name)  Date  e completed when the attendant does not in Item 25.  of the person whose name appropriate person for 51 years, and the located in Item state reased or (Cannot be located) at I desire to have this birth recorded upon the located in the located or (Cannot be located).
23. Number of childred  24. I HEREBY CERT  and at the place so related to this child  25. Attendant's  OWN signature  State of Idah  County of Negal  I, the undersigned in Item 4, above, that the place of the certific chapter 139, 1937 Ses	en of this mother  ITFY That I attended above, and ld as Fat.  And Parca dd, being first du t I am now 6 and (Last nai ificate above are	ATTEND tended the birth of that personal part her	th and including this chi ANT'S CERTIFICATE f this child, who was (Bo iculars were furnished b  LD. Idwife Address  AFFIDAVIT to be I am the	Born at 1 AM on the realize stillborn Date  Completed when the attendant does not in Item 25.  Completed when the person whose name approximation of the person whose name approximation in Item 25.  Completed when the attendant does not in Item 25.  Completed when 25.  Completed when 25.  Completed when 25.  Com
23. Number of children  24. I HEREBY CERT  and at the place so related to this chil  25. Attendant's  OWN signature  State of Idah  County of Ne zl  I, the undersigned in Item 4, above, that  (First name)  the facts on the certic Chapter 139, 1937 Ses	en of this mother  TIFY That I attended above, and ld as Fat (No. 1997).  Perce dd, being first du t I am now 6 (Last nai ificate above are ssion Laws.	ATTEND tended the birth of that personal part her dother, etc.)  Ss. ly sworn, say that lyears true to the best of true to the best of the structure of t	th and including this chi ANT'S CERTIFICATE  If this child, who was iculars were furnished b  I.D. Iidwife Address  AFFIDAVIT to be  I am the Aunt (Mother, et of age, that I have know ed this birth Canno (Is now dec of my knowledge, and the Canno  All Canno (Is now dec of my knowledge, and the Canno  All Canno (Is now dec of my knowledge, and the Canno  All Canno (Is now dec of my knowledge, and the Canno  All Canno (Is now dec of my knowledge, and the Canno  All Canno (Is now dec of my knowledge, and the Canno (Is now dec of my knowledge, and the Canno (Is now dec of my knowledge, and the Canno (Is now dec of my knowledge, and the Canno (Is now dec of my knowledge, and the Canno (Is now dec of my knowledge, and the Canno	Born at 1 AM on the realize stillborn Date  Completed when the attendant does not in Item 25.  Completed when the person whose name approximation of the person of the person whose name approximation of the person of the pe
23. Number of childred  24. I HEREBY CERT  and at the place so related to this child  25. Attendant's  OWN signature  State of Idal  County of Nezl  I, the undersigned in Item 4, above, that  (First name)  the facts on the certical county in the facts of the certical county in the facts of the certical county in the c	en of this mother  TIFY That I attended above, and ld as Fat  NO	ATTEND  ATTEND  tended the birth of that personal part  her  fother, etc.)  ss.  ly sworn, say that  lyears  true to the best of the true to the best of the this.	th and including this chi ANT'S CERTIFICATE f this child, who was clouders were furnished by iculars were furnished by I.D. Lidwife Address  AFFIDAVIT to be I am the Alint (Mother, et of age, that I have know ed this birth Canno (Is now dec of my knowledge, and the Canno Alint Alin	Born at 1 AM on the realize, stillborn at 1 Cast name)  Date  e completed when the attendant does not in Item 25.  of the person whose name approximated the located in Item 25.  Item 25.  Item 25.  Item 26.  Item 27.  Item 28.  Item 29.  Item 29.  Item 29.  Item 29.  Item 20.
23. Number of childred  24. I HEREBY CERT  and at the place so related to this child  25. Attendant's  OWN signature  State of Idah  County of Ne zl  I, the undersigned in Item 4, above, that the facts on the certific chapter 139, 1937 Ses  Subscribed and su  (SEAL)	en of this mother  TIFY That I attended above, and ld as Fat.  Tho.  Perce.  Id, being first du t I am now	tended the birth of that personal part her fother, etc.)  Ss.  Ily sworn, say that lender, who attended the birth of the personal part her fother, etc.)  When the state of the best of th	th and including this chi ANT'S CERTIFICATE f this child, who was cloudars were furnished b  LD. Lidwife Address  AFFIDAVIT to be I am the Aunt Of age, that I have know ed this birth Canno (is now dec of my knowledge, and the Canno	Born at 1 AM on the realize, stillborn at 1 Cast name)  Date  e completed when the attendant does not in Item 25.  of the person whose name approximated at 1 desire to have this birth recorded using the content of the person whose name approximated at 1 desire to have this birth recorded using the content of the person whose name approximated at 1 desire to have this birth recorded using the content of the person whose name approximated at 1 desire to have this birth recorded using the content of the person whose name approximated at 1 desire to have this birth recorded using the content of the person whose name approximated at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name at 1 desire the person whose name approximates at 1 desire the person whose name at 1 desire the person whose name at 1 desire the person whose name at 1 desire the person w
23. Number of childred  24. I HEREBY CERT and at the place so related to this child  25. Attendant's OWN signature  State of Idah County of Ne ZI  I, the undersigned in Item 4, above, that (First name) the facts on the certic Chapter 139, 1937 Ses  Subscribed and su (SEAI)	en of this mother  TIFY That I attended above, and ld as Fat.  Tho.  Perce.  Id, being first du t I am now	tended the birth of that personal part her fother, etc.)  Ss.  Ily sworn, say that lender, who attended the birth of the personal part her fother, etc.)  When the state of the best of th	th and including this chi ANT'S CERTIFICATE f this child, who was clouders were furnished by iculars were furnished by I.D. Lidwife Address  AFFIDAVIT to be I am the Alint (Mother, et of age, that I have know ed this birth Canno (Is now dec of my knowledge, and the Canno Alint Alin	Born at 1 AM on the realize, stillborn at 1 Cast name)  Date  e completed when the attendant does not in Item 25.  of the person whose name approximated at 1 desire to have this birth recorded using the content of the person whose name approximated at 1 desire to have this birth recorded using the content of the person whose name approximated at 1 desire to have this birth recorded using the content of the person whose name approximated at 1 desire to have this birth recorded using the content of the person whose name approximated at 1 desire to have this birth recorded using the content of the person whose name approximated at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have this birth recorded using the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name approximates at 1 desire to have the person whose name at 1 desire the person whose name approximates at 1 desire the person whose name at 1 desire the person whose name at 1 desire the person whose name at 1 desire the person w

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#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

(Be sure the information is as of date of birth of THIS child) State File No. Local Reg. No. Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Mans (b) County Custic (a) County (b) City (c) Street Address or R.F.D. No. (c) City ..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? (e) Mother's stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) IN THIS county /3 years days 4. FULL NAME 5. Date of Birth of Child OF CHILD..... Æf so---born → 8. No. months 9. Legitimate? Triplet **1st.** 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME NAME..... 17. Color 18. Age at time 11. Color ge at time or Race..... of THIS birth..... or Race.... 19. Birthplace ... Birthplace .... (State or foreign country) (State or foreign country) 14. Exact 20. Exact Occupation August Occupation.... 15. Industry or 21. Industry or Business Business 23. Number of children of this mother: (a) At time of birth and including this child........(b) Born alive and now living. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by ....., who is (Last name) related to this child as..... (Mother, etc.) 25. Attendant's Midwife Address Date **OWN** signature State of..... AFFIDAVIT to be completed when the attendant does not sign County of Lembe in Item 25. I, the undersigned, being first duly sworn, say that I am the..... .....of the person whose name appears (Mother, etc.) since birth in Item. 4, above, that I am now, years of age, that I have known this person-fer years, and that who attended this birth IS MOW deceased. I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this ...........Notary Public, residing at see Sec. 17-914, Idaho Code Annotated.) Received for filing on.

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# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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	212 - 214 003 - 766 United States (Regues the information in an					
₽°5	United States (Be sure the information is as	of date of birth of THIS child)	State File No 364056			
E.		E OF BIRTH	Local Reg. No.			
8 🙀		F IDAHO	Reg. Dist. No			
COMPLETED certifidaho, for filing. No coin.	1. PLACE OF BIRTH (All items at time of this birth) (a) County BA Bannock (b) City Oxford	2. USUAL RESIDENCE OF M (a) StateIdaho(				
H S H	(c) Street Address or R.F.D. No.	(c) City Oxford				
¥ ° 8	(d) Name of Hospital or Maternity Home: Dr. Mote	(d) Street Address or R.F.D	· · · · · · · · · · · · · · · · · · ·			
95			lived in Idaho?66yrs.			
	(e) Mother's stay <b>BEFORE</b> delivery: IN THIS county 19 years months days		(city, state) Oxford, Idaho			
Ma. toise, y ord	4. FULL NAME Susan Valentine Baker	5. Date of Bir (Month, da	th of Child y, year) Feb. 14, 1891			
cate. 3s, B	6. Sex Female 7. Twin or 1st, 2nd, 3rd	of Pregnancy	9 9. Legitimate? Yes			
tie.	10. FULL	MOTHER O	F CHILD			
atig	NAME John Willard Baker	16. FULL MAIDENELizabet				
2 2 S	11. Color White 12. Age at time of THIS birth 37 yrs.	17. Color White 1	8. Age at time of THIS birth34 yrs.			
the t	13. Birthplace Derbyshire, England	19. Birthplace Yorkshire	, England			
L Vit	(City or town) (State or foreign country)	(City or town)	(State or fereign country)			
let of	14. Exact Carpenter	20. Exact Housew	rife			
na n	15. Industry or	21. Industry or				
2 5 2	Business	Business				
급절점	22. Name prophylactic used to prevent Ophthalmia Neonatorum.					
1 e 2 e 3	23. Number of children of this mother; (a) At time of birth and including this child					
ribb Ota dva	24. I HEREBY CERTIFY That I attended the birth of this		atM. on the date			
15 t t	and at the place stated above, and that personal particulars	(Born alive, stillborn) were furnished by	who is			
wri	and at the place stated above, and that personal particulars related to this child as(Mother, etc.)	(First name)	(Last name)			
ire ste	25. Attendant's A M.D.					
2 7 9 2 7 5		Address	Date			
y r	State of daho 9	AFFIDAVIT to be completed wh	on the attendant does not sign			
8 9 g	County of Ss.	in Item				
E SE	I, the undersigned, being first duly sworn, say that I am	the Triend of t	he person whose name appears			
A H H	in Item 4, above, that I am now	that I have known this person i	or 5 / years, and that			
<b>₩</b> ₩ 8	doctor Mate who attended this	birth de hay deres	I further state that			
9 4						
4 2 2 E	the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.					
		es flate dad	Signature			
A ST	Ny Commission Expires Oct. 1, 1945	Whord to	P. O. Address			
B A	Subscribed and sworn to before me this	: January	1943			
<u>&gt;</u> 5 €	(SEAL)	Notary Public, resid	in Strines of do ha			
rge tr	(Note: Perjury is punishable as a felony in Idaho; see See.	17-914 Idaho Code Annotated.)	ing au			
Use	Received for filing on JAN 1 9 1943	by M A	, Registrar.			
- 0 0	Tycocived for thing on the second sec	I wy I been	, registrar.			

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mately 36.

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# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

The third is a followed the type of the MATAMA and shall after the models for 1 MATAMA GALAS

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Amoutated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or

Chapter 2, Title 38, Mano Cade Apartates, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-214-003-235 State File No.364 Local Reg. No.364 **United States** (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Reg. Dist. No..... STATE OF IDAHO Bureau of the Census 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BIRTH (All items at time of this birth) (a) County Bannock (b) City Pacate/lo... (a) State I daho (b) County Bannock (c) Street Address or R.F.D. No. 7. Marrison (c) City Pocate 110 (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. Ma. Harrison at home (e) How long has MOTHER lived in Idaho?.... (e) Mother's stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Poca a tell IN THIS county / years months 4. FULL NAME OF CHILD..... 7. Twin or If so-born 8. No. months 1st, 2nd, 3rd of Pregnancy 9. Legitimate? We a **Triplet** MOTHER OF CHILD FATHER OF CHILD NAME NAME 12. Age at time 17. Color 11. Color of THIS birth 3 H yrs. or Race W.A. of THIS birth. wCastle, England
or town) (State or foreign country) 19. Birthplace .. (City or lown) (State or foreign country) 20. Exact 14. Exact Occupation Mdchinist Occupation Hauseure 21. Industry or 15. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. None to my know 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as....(Mother, etc.) 25. Attendant's Date Midwife Address OWN signature AFFIDAVIT to be completed when the attendant does not sign State of..... County of 10 annoc in Item 25. of the person whose name appears (Mother, etc.) ame unknown ideale who attended this birth is now declared. I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. ... Notary Public, residing at Yocate (Note: Perjury is punishable as a felony in Idaho; see Sec. 17.244. Idaho Code Annotated.) JAN 1 Received for filing on.....

4 - 4 - 1 - 12 M.

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)
Where the birth of a child born prior to the effective date of Chapter

191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4. f. f. (1) (4.1) (4.1) (4.1)

253-104014-454	36536	365368
253 104 014 454 United States (Be sure the information is as of Department of Commerce CERTIFICATE Bureau of the Census STATE Of	F IDAHO	Local Reg. No
1. PLACE OF BIRTH (All items at time of this birth) (a) County	(c) CityCaldwell	(b) County Canyon  D. No.  lived in Idaho? 16 yrs y, state) Caldwell, Ida.
7. Twin or If so—born 6. Sex Male Triplet 1st, 2nd, 3rd	8. No. months of Pregnacy	9. Legitimate? Yes
10. FULL NAME Furman Lee Keller 11. Color 12. Age at time or Race. White of THIS birth 46 yrs. 13. Birthplace Kingsten Lews. 14. Exact Occupation Farmer 15. Industry or Business Farmer	or Race White	Dement  18. Age at time of THIS birth 28
22. Name prophylactic used to prevent Ophthalmia Neonatorum		
ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this chi and at the place stated above, and that personal particulars related to this child as	ild, who wasatat (Born alive, stillborn) s were furnished by(First name	
OWN signature Midwife	Address	Date
I, the undersigned, being first duly sworn, say that I am the in Item 4, above, that I am now	At I have known this person for  birth	1 25.  10 person whose name appears  11 person whose name appears  12 person whose name appears  13 person whose name appears  14 person whose name appears  15 person whose name appears  16 person whose name appears  16 person whose name appears  16 person whose name appears  17 person whose name appears  18 person whose name appears  20 person whose name appears  21 person whose name appears  22 person whose name appears  23 person whose name appears  24 person whose name appears  25 person whose name appears  26 person whose name appears  26 person whose name appears  27 person whose name appears  28 person whose name appears  28 person whose name appears  29 person whose name appears  20 person whose name appears
	//	P. O. Addres
Subscribed and sworn to before me this lat day of (SEAL)	February Public residence	, 1945
(Note: Perjury is punishable as a felony in Klaho; see Sec. 1		r antonotte Transfo
Received for filing on.		مير الم
FFR 2 1949	y	, Registrar

(1937 Session Laws, Chapter 139, Section 4)

	_	363-101044-68	 29	**·			365377 365377	
45	United States (Be sure the information is as o			of date of birth of T	HIS child)	State File No		
certifi g. N	Department of Commerce CERTIFICAT					Local Reg. No		
		ureau of the Census		STATE O			Reg. Dist. No.	
	1.	PLACE OF BIRTH (All					IOTHER (At time of this birth)	
		(a) County Mashing	7/18 (b) City///LU.	value			(b) County Washington	
i di		(c) Street Address or Ed. (d) Name of Hospital or			(c) City///	recedo	200 -	
M o N	٠.	(d) Name of Hospital of	=		(d) Street Addr	ess or R.F.I	), No	
COMPLETED daho, for filin or coin.		(e) Mother's stay <b>BEFO</b>			(e) How long h	as <b>MOTHE</b> I	lived in Idaho?yrs.	
Her H		IN THIS county 3	years month	s days	3. RESIDENCE 0	F FATHER	(city, state)	
Ma koise,	4.	OF CHILD		ran		(Month, da	rth of Child July 17891	
te.	ß		Twin or riplet	If so—born 1st, 2nd, 3rd		months of regnancy	9. Legitimate?	
rtifica Istics, 8, mo	<u>v.</u>		ER OF CHILD	ist, zna, ora	OI I	MOTHER (	-1700	
	10	). FULL Porter t.	1. Poplation		16. FULL MAIDE		o o To a lotter	
tat ce	11	NAME 120000	12. Age at time		NAME		18. Age at time	
his y		or Race While	of THIS birth	12yrs.	or Race	ule	of THIS birth. /yrs.	
tal t	13	B. Birthplace 7.000	na Wash	in gloss	19. Birthplace	aslow	. mare	
	14	1. Exact (City or town	, ,	- '	20. Exact	(City or town)	(State or foreign country)	
of of		Occupation 10/3	mer		Occupation	Prow	re Wefe	
ne r	15	5. Industry or Business			21. Industry or Business		V	
o co	22		I to provent Onbtholm	ia Maanatamim				
H W W	22. Name prophylactic used to prevent Ophthalmia Neonatorum							
i te bo	ATTENDANT'S CERTIFICATE							
Sta	24	I HEREBY CERTIFY			·		at	
1 to 1		and at the place stated	above and that name	mal narticuilara	(Born	alive, stillborn	ı) , who is	
a Se I					were furnished by	(First name	(Last name)	
sta res		related to this child as	(Mother, etc.)	•••••				
a garage	25	5. Attendant/s/		M.D.	Address		Date	
2 % S		OWN signature	J	Midwife	Address		Date	
Reco CLAS		tate of	} ss.		AFFIDAVIT to be o	-	hen the attendant does not sign	
<b>#52</b>	Co	ounty of	··		2	/ in Ite		
Ser		I, the undersigned, bei	ng first duly sworn, s	say that I am	(Mother, etc.)		the person whose name appears	
AH	iŋ	Hem 4, above, that I an	n now68	years of age,	that I have known	this person	for years, and that	
BH 8	چ	les Clay	<u>′</u> , wh	o attended this	birth es al	cease	I further state that	
<u>5</u>	41.	(First name) /	(Last name)		(Is now deceas	sed) or (Canno	t be located)	
LE SE	C	hapter 139, 1937 Session I	Laws.		pest of my knowledge, and that I desire to have this birth recorded under by furging Curricular Signature			
¥ 0 €				por si	orgio en	0000	Signature	
ling In		• •		1201	1:5 4	Jove	P. O. Address	
BL IVe		Subscribed and sworp	to before me this 4	day of	Febru	ary.	19.43	
ie e		(SEAL)	Tauline	acutr	Notam	Public, resi		
Use only BLACI cate in envelope charge for filling		(Note: Perjury is panis	shable as a felony in	Idaho; see Sec.	17-914, Idaho Code	Annotaated.)		
Use	P	eceived for filing on	Letruar	14-1943	by $\sqrt{2}$	1 HC		
		Correct Tox Transle or William			الما الم	4 4 5	200	
					T T	A.	•	

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Janes, Marcella Marcella (1995) and the Control of 
# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	954217030395	of date of birth of THIS child) State File No. 365451						
certifi- g. No	United States (Be sure the information is as	of date of birth of THIS child) State File No						
T.	Department of Commerce Castallia Com	A CE IMAGE IVER I TOUR I VER						
ಶಿಕ್ಷಣ		F IDAHO Reg. Dist. No						
COMPLETED ce daho, for filing. or coin.	1. PLACE OF BIRTH (All items at time of this birth) (a) County LEMHI (b) City JUNCTION	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State IDAHO (b) County LEMHI						
H T T	(c) Street Address or R.F.D. No	(c) City JUNCTION						
MPLE 10, for coin.	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No						
Mail COMI se, Idaho, order or c	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county 5 years months days	(e) How long has <b>MOTHER</b> lived in Idaho?5yrs. <b>3. RESIDENCE OF FATHER</b> (city, state) SAME						
Mai ise, ord	4. FULL NAME CLARA BLANCHE REDDINGTON							
	7. Twin or If so—born 6. Sex female Triplet 1st, 2nd, 3rd	8. No. months						
<b>358</b>	FATHER OF CHILD	MOTHER OF CHILD						
s certificate. Statistics, E cents, mone	10. FULL MILTON LLOYD REDDINGTON	16. FULL MAIDEN NAME JULIA ELIZABETH IRVIN						
State Season	11. Color or Race WHITE 12. Age at time of THIS birth 48 yrs.	17. Color WHITE 18. Age at time of THIS birth 45 yrs.						
tal the	13. Birthplace DUQUOINE ILLINOIS (City or town) (State or foreign country)	10 Birthplace DUQUOINE ILLINOIS						
completing eau of Vi rment of 1	14. Exact Occupation. PANCHER	(City or town) (State or foreign country)  20. Exact Occupation HOUSEWIFE						
결정말	15. Industry or	21. Industry or						
B B B	Business	Business						
a He	22. Name prophylactic used to prevent Ophthalmia Neonatorum 0							
E E	22. Name prophylactic used to prevent ophthalma Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. 9 (b) Born alive and now living 7.							
ribbon in com State Bureau Ivance payme	ATTENDANTS CERTIFICATE							
	24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  and at the place stated above, and that personal particulars were furnished by (First name)							
typewriter postage to juires an a	and at the place stated above, and that personal particulars	were furnished by, who is						
es s	related to this child as(Mother, etc.)	(First name) (East name)						
T So T	25. Attendant's M.D.							
5 00 5		Address Date						
Recor CLAS copy	State of IDAHO	AFFIDAVIT to be completed when the attendant does not sign						
•	County of LEMHI ss.	in Item 25.						
BLACK FIRST- certified	I, the undersigned, being first duly sworn, say that I am	the SISTER of the person whose name appears (Mother, etc.), that I have known this person for 51 years, and that						
A E								
7 24 4 E H S	MRS. DUNLAP , who attended this	s birth IS NOW DECEASED I further state that (Is now deceased) or (Cannot be located)						
S L K	the facts on the certificate above are true to the best of my	knowledge, and that I desire to have this birth recorded under						
T Per H	Chapter 139, 1937 Session Laws.	Reddington Strond Signature						
ACI Ispe		SALMOV, IDAHO P. O. Address						
BL IIVe	Subscribed and sworn to before me this 26thday of	f JANUARY 19.43						
Use only BLACI cate in envelope charge for filing	CODAY DIAMESTER CO. MISS	Notary Public residing at SALMON TDAHO						
Use only cate in charge	(Note: Perjury is punishable as a felony in Idaho; see Sec JAN 2 8 1943	. 17-914, Idano Code Ampuated						
<b>∌</b> 8 €	Received for filing on	by Registrar.						

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## DELAYED REGISTRATION LAW

attending the troop on a manager and the con-

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1.1

381 105 029 294 (Be sure the information is as of date of birth of THIS child) State File No..... United States Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Reg. Dist. No..... Bureau of the Census STATE OF IDAHO 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BIRTH (All Atems at time of this birth) (a) County total (b) City Wollmer (a) State.....(b) County..... (c) Street Address or R.F.D. No. Research dulin (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mother's stay BEFORE delivery: IN THIS county years months days 3. RESIDENCE OF FATHER (city, state) FULL NAME OF CHILD..... 8. No. months 9. Legitimate? 1st, 2nd, 3rd Triplet of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL NAME .... 17. Color 12. Age at time 11. Color of THIS birth JO vrs. or Race. or Race. 19. Birthplace Fourt Indiana 13. Birthplace (State or foreign country) (State or foreign country) Exact Occupation House 14. Exact. Occupation.... 21. Industry or 15. Industry or Business Business ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was been at a (Born aline, stillborn) related to this child as frather (Mother, etc.) M.D. 25. Attendant's Date Midwife Address **OWN** signature State of Tdaho AFFIDAVIT to be completed when the attendant does not sign County of Latah in Item 25. (Mother, etc.) in Item 4, above, that I am now 81 years of age, that I have known this person for 51 years, and that is now deceased I further state that Stallin ....., who attended this birth.... (Is now deceased) or (Cannot be located) (Last name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Viola, Idaho .....P. O. Address Subscribed and sworn to before me this 28th day of October (SEAL) HARRY A. THATCHER, County Recorder residing at Moscow, Idaho (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Coda Annotatid. By JAN 3 0 1943 Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

	63 222 035 619  Led States  Artment of Commerce  Leau of the Census	(Be sure the information is as CERTIFICATI STATE OF	E OF BIRTH	State File No. Local Reg. No. Reg. Dist. No.
(a (c	LACE OF BIRTH (All items a a) County (L. JUCC)  c) Street Address or R.F.D.  d) Name of Hospital or Mate	(b) City <u>L. C. L. A. 77. A.</u> No	(c) City	(b) County//ez-Perce d Idaha D. No
(e	e) Mother's stay BEFORE deli IN THIS county yes	ars months days	3. RESIDENCE OF FATHER (city	lived in Idaho?yrs. y, state) Le land Idaho
4. Ft Ol	7. TWEN O		8. No. months	h of Child Sept. 22-1891
6. Se	ex Girl Triplet	<del></del>	,	9. Legitimate?
10.	FATHER OF FULL VV 1/12 am Wo	rth Johnson	MOTHER 16. FULL MAIDEN ALICE	<b>J</b> Ward
	Color Pace White 12  Birthplace Kirt V  (City or town)	Age at time of THIS birth ## yrs.  /e St U i 7 9 \ n 3  (State or foreign country)	17. Color or Race W. h. t	18. Age at time of THIS birth 7 yrs.  West Ut 79 na  (State or foreign bountry)
14. I ( 15. I	Exact Occupation 13 7 77 C Industry or Business		OO Fire of	wife
8 - 22. 1	Name prophylactic used to p	revent Ophthalmia Neonatorum		
<b>23</b> . 1	Number of children of this n	nother: (a) At time of birth an	d including this child	orn alive and now living. 2
ē		ATTENDANT'S		
24. ]	I HEREBY CERTIFY That	I attended the birth of this ch	ild, who wasatat	M. on the date
. 1	and at the place stated above related to this child as	e, and that personal particular: (Mother, etc.)	s were furnished by(First name	(Last name)
	Attendant's <b>OWN</b> signature	M.D. Midwife	Address	Date
Stat	e of Idaho nty of Latah		AFFIDAVIT to be completed when in Item	n the attendant does not sign
; :	I, the undersigned, being firs	t du <u>ly</u> sworn, say that I am the		ne person whose name appears
in It	tem 4, above, that I am now	years of age, the who attended this	at I have known this person for. s birth. <b>Secased</b> (Is now deceased) or (Cannot be	years, and that
	facts on the certificate abov pter 139, 1937 Session Laws.		nowledge, and that I desire to h	Kund Signature
į		<b></b>		P. O. Address
` 	Subscribed and sworn to be	fore me this day of	James	, 1975
•	(Note: Parium is nunishable	a ag a folony in Idaha: saa Saa	Notary Public, residing a	
	(Note: Ferjury is punishable	e as a reiony in ruano; see Sec.	11-514, Mano Code Amiotated.)	100
Rece	eived for filing on	3-1-1922	by	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

	236.204 003.396	365588
		of date of birth of 1777's child) State File No.
pa tr		E OF BIRTH Local Reg. No.
00	Bureau of Census STATE O	F IDAHO Reg. Dist. No.
typewriter ribbdn in completing this certificate. Mail COMPLETED certifi- stage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge advance payment of fifty cents, money order or coin.	1. PLACE OF BIRTH (a) County Bannock (b) City Downey (c) Street Address or R.F.D. No (d) Name of Hospital or Maternity Home: Family home	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State Idaho (b) County Bannock (c) City Downey (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 14 yrs.
드 다. 다.	(e) Mother's stay <b>BEFORE</b> delivery: In Hosp. or Mat. Homedays. IN <b>THIS</b> county years month days	(f) Mother's mailing address <b>Downey</b> , Idaho  3. RESIDENCE of FATHER (city, state)
e. Ma r. Coir	4 FULL NAME Maggie Rosetta Strong B	5 Date of Birth
ficat Boise ler o	6. Sex female  7. Twin or single Triplet single If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy 9 9. Legitimate? <b>yes</b>
certi tics,	FATHER OF CHILD  10. FULL Thomas Joseph Blorham	MOTHER OF CHILD  16. FULL MALDEN NAME HETTIET Alice Croxell
this statis mone	11. Color or Race white 12. Age at time of THIS birth 30 yrs.	17 Color or Race white of THIS birth 28 yrs.
eting ital ital ents,	13. Birthplace (City or town) (State or foreign country)	19. Birthplace Staffordshire, England (City or town) (State or foreign country)
la S	14. Exact farmer	20. Exact
n cor sau of f fifty	Occupation 15. Industry or Business	Occupation HOUSEWITE  21. Industry or Business
ribbon ate Bure yment o	22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth ar (c) Born alive and now dead (d) Stillborn	nd including this child 6 (b) Born alive and now living 6
riter to St ce pa	24. I HEREBY CERTIFY That I attended the birth of this of	(born alive, stillborn)
ord typewi postage t an advanc	and at the place stated above, and that personal particular related to this child as	rs were furnished by, who is, who is
	(Date received) (Registrar's signature)	25. Attendant's OWN signature M.D.
Reconstruction Recons	27. Given name added on by (Registrar's signature)	(D.O., Midwife, etc.) and address Date
Ink or BLACK Record saring FIRST-CLASS portified copy requires an	State of Idaho County of Bannock ss.	AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
HING	I. Edith Ware , being first o	duly sworn, say that I am.
o mo	Maggie Rosetta Bloxham as	(Related to (or) acquainted with)  sister whose birth certificate
K Ink bearing certifie	(Name of person on certificate above) (S	tate relationship or acquaintance) ed under Chapter 139, 1937 Session Laws; and that the facts coner state that Ellen Barger who attended
e only BLACK le in envelope bez	said birth is now deceased and that the (Is now deceased (or) cannot be located)	nis birth has not been previously recorded.
E E		None Signature
ing ing	1.4.6	P. O. Address
Use o cate ir for fil	Subscribed and sworn to before me on this d	ay of Hebruary 19 #3  Line Notary Public, fesiding at Locatello Ada
<b>⊃</b> 2.75	(SEAL) Jean Durth	manufacture and the state of th

(1937 Session Laws, Chapter 139, Section 4)

458-204003 385 State File No. 365649 United States (Be sure the information is as of date of birth of THIS child) Local Reg. No..... Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BIRTH (All items at time of this birth) (a) County.....Portneuf (b) City.....Pocatello... (a) State....Idaho......(b) County Portneuf (c) Street Address or R.F.D. No. (c) City Pocatello (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No...... Born at home (e) Mother's stay BEFORE delivery: IN THIS county 4 years 0 months 28 days 3. RESIDENCE OF FATHER (city, state)Pocatello. Id 4. FULL NAME 5. Date of Birth of Child OF CHILD Ruth Rosalie Mehse (Month, day, year) Nov. 4. 1891 If so—born 7. Twin or 8. No. months of Pregnancy 9 9. Legitimate? Yes 6. Sex Female Triplet 1st. 2nd. 3rd MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN NAME Louis August Edwin Emil Mehse NAME Cora Inez Lynn 17. Color 18. Age at time 12. Age at time 11. Color or Race American of THIS birth...30 ..... yrs. of THIS birth 18 yrs. or Race German 19. Birthplace Nr. Appleton City Missouri (City or Town) (State or foreign country) 13. Birthplace City or town (State or foreign country) 20. Exact Occupation Housewife 14. Exact Occupation Restaurant proprietor 21. Industry or 15. Industry or Restaurant **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. Do not know 23. Number of children of this mother: (a) At time of birth and including this child.........(b) Born alive and now living ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by (First name) (Last name) related to this child as Ward Jucs (Mother, etc.) 25. Attendant's Midwife Address **OWN** signature State of ..... Calipfnia ..... AFFIDAVIT to be completed when the attendant does not sign County of Los Angeles in Item 25. in Item 4, above, that I am now years of age, that I have known this person for years, and that (Last name) , who attended this birth (Is now deceased) or (Cannot be located) ..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. 1912 Vist Del Mar ave Hollywood , Calif. P. O. Address Subscribed and sworn to be for me this 30 day of January 1943 19 (SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Amotatell.) Received for filing on by

and a second to

(1937 Session Laws, Chapter 139, Section 4)

	454 114 022 693 (Be sure the information is as		365829
48	United States (Be sure the information is as	of date of birth of THIS child)	State File No.
Έ	Department of Commerce CERTIFICA	TE OF BIRTH	Local Reg. No
8 🔬	Bureau of the Census STATE (	OF IDAHO	Reg. Dist. No
ED of	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF M	OTHER (At time of this birth)
	(a) County Fremont (b) City	(a) State Sdaw (	h) County Fremont
買さる	(c) Street Address or R.F.D. No.		
김숙정	(d) Name of Hospital or Maternity Home:		
1 6 K		1	), No
COMPLETED Idaho, for filluer or coin.	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county years months days	(e) How long has MOTHER 3. RESIDENCE OF FATHER	
Mad ise, ord	4 FULL NAMES / OO > A / O	5 Date of Bis	
. 6 B 6	7. Twin or If so—born	n 8. No. months	y, year) i fua maran managing the st
25 45 E	6. Sex Male Triplet 1st, 2nd, 3rd	d of Pregnancy	9. Legitimate? 420
### #	FATHER OF CHILD	MOTHER O	
trasta ts,	10. FULL Peter Medwed	16. FULL MAIDEN	Wilkenson
2 3 2		17. Color 1	8. Age at time
# S	or Race Of THIS birth 5.0 yrs.	or Race. W. Mule.	of THIS birth. J.4. vrs.
33£	13. Birthplace Watralia	19. Birthplace Laurence	Massachusella
ZZE	(City or town) (State or foreign country)	20. Exact (City or town)	State or foreign country)
	Occupation James	Occupation -	wide
# #	15. Industry or	21. Industry or	
2 5 5	Business	Business	<u> </u>
-13	22. Name prophylactic used to prevent Ophthalmia Neonatorum	n.	
	23. Number of children of this mother: (a) At time of birth an		
2533	A TENTA INTO		V
r ribbo State advanc	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particular	child who was	at M. on the date
F 0 8	The state of the s	(Born alive, stillborn	)
# # # #	and at the place stated above, and that personal particular	s were furnished by	, who is
88.8	related to this child as	(First name)	(Dast name)
Fish	(Mother, etc.)		
te 도를		e Address	Date
288			
Reco LAS	State of SS.	AFFIDAVIT to be completed wh	
동습요	County of	in Iter	
	I, the undersigned, being first duly sworn, say that I am	the state of t	he person whose name appears
BLACK FIRST Sertified	in Item 4, above, that I am nowyears of age	(Mother, etc.)	for 50 vears and that
<b>2 2 3</b>	(First name) (Last name), who attended the	which deceased	T fumbon state that
유명성	(First name) (Last name)	(Is now deceased) or (Cannot	be located)
4 1 3	the facts on the certificate above are true to the best of my	knowledge, and that I desire to	have this birth recorded under
胃질쩍	Chapter 139, 1937 Session Laws.	rah ms cam	lly Signature
¥ 2 36			Signature
y BLAC onvelop for (film	£5 <u></u>	3210108	P. O. Address
	Subscribed and sworn to before me thisday o	of Lebruary	/ 19 <del>%3</del> -
≥ 9.5			1 Self tale lot
only in e	(SEAL) (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec		ing at Same and
Use only cate in charge!			
585	Received for filing on FEB 1 2 1943	by	Registrar.
		Hand =	ragin

Contact english

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	· 299-102 037-419		365846
48	United States (Be sure the information	on is as of date of birth of THIS child)	State Pite 130
15 F1		IFICATE OF BIRTH	Local Reg. No
දී පු		ATE OF IDAHO	Reg. Dist. No
	1. PLACE OF BIRTH (All items at time of this birth)		10THER (At time of this birth)
COMPLETED daho, for filin or coin.	(a) CountyOmy has (b) City. Brune w. V		(b) County Oryhee
H G E	(c) Street Address or R.F.D. No.	(c) City Brune	acc)
₩,8	(d) Name of Hospital or Maternity Home:	(d) Street Address on D.F.I	D. No.
5g t	(a) Matheway at a management of the		R lived in Idaho?
	(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <b>6</b> years months	days 3. RESIDENCE OF FATHER	(city, state) Brune,
Ma or	4. FULL NAME Villiam Bethel Bi	5. Date of Bi	rth of Child ay, year) ay, year)
Š u Š	7. Twin or If s	o—born 8. No. months	,
25 % G		2nd, 3rd of Pregnancy	9. Legitimate?
, ste	10. FULL	16. FULL MAIDEN	OF CHILD
nt it	NAME Samuel Bethel Burch	NAME Cuie	Parline Martin
S S S	11. Color 12. Age at time of THIS birth		18. Age at time of THIS birth. 22 vrs.
ifter the	13. Birthplace Jone Cit. Cali.	19. Birthplace S.L. Johns	HornSection
Į ČĘį	(City or town) (State or foreign country	20. Exact (City or town)	(State or foreign country)
t of t	Occupation	Occupation	me
E E	15. Industry or	21. Industry or	
8 g K	Business	Business	ing .
면접점	22. Name prophylactic used to prevent Ophthalmia Neor		
<b>5</b> 8 8	23. Number of children of this mother: (a) At time of b	The state of the s	Born alive and now living.
ible Var	24. I HEREBY CERTIFY That I attended the birth	DANT'S CERTIFICATE	ot M on the date
7 0 g		(Born alive, stillborn	1)
a dit	and at the place stated above, and that personal par	ticulars were furnished by(First name	) (Last name)
Page 8	related to this child as	(1 11 51 stubbe	, (Bast name)
E S E	25. Attendant's	M.D.	
4 C 5		Midwife Address	Date
N I S	State of Mende	AFFIDAVIT to be completed w	hen the attendant does not sign
Soli A	County of Ss.	in Ite	
¥F.8	I, the undersigned, being first duly sworn, say that	t I am the of	the person whose name appears
AHE	in Item 4, aboye, that I am now	of age, that I have known this person	for life years, and that
# # 8	(First name) (Last name) who atten	ded this birth (Is now deceased) or (Canno	I further state that
A res	the facts on the certificate above are true to the best		
1 2 m	Chapter 139, 1937 Session Laws.	ela minar 7	Nartine, Signature
<b>14</b> 8 8	•••••	/ ≰ .	•
E E E	<u>Z</u>	Gla, Mrs	P. O. Address
	Subscribed and sworn to before me this	day of Jetuny	19. 4-3
only BLAC e in envelop rge for filin	(SEAL) True Me La	Notary Public, resi	ding at Elko, her
6 6 E	(Note: Perjury is punishable as a felony in Idaho;	see Sec. 17-914, Idaho Code Annotated.	
Use on cate in charge	Received for filing on FEB 1.2 1943	by Marry I say	Registrar.
	100		and the
		2 .	

(1937 Session Laws, Chapter 139, Section 4)

951-117.004-39 **United States** (Be sure the information is as of date of birth of THIS child) State File No Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Blaz Lake (b) City Dissale (a) State Idaho (b) County Bear Lake (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: own home (c) City Single (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (e) Mother's stay **BEFORE** delivery: IN THIS county wears 3. RESIDENCE OF FATHER (city, state) of ingle. Ida 5. Date of Birth of Child Dec 4. FULL NAME Ja (Month, day, year)..... 7. Twin or If so-born 8. No. months Triplet 1st. 2nd. 3rd of Pregnancy 9. Legitimate? ^ FATHER OF CHILD MOTHER OF CHILD NAME MOVA Ellen 17. Color whit 18. Age at time 19. Birthplace (City or town) (State or foreign country) Exact. Exact Occupation.... Occupation ... 15. Industry or 21. Industry or **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum Mone use 1. 23. Number of children of this mother: (a) At time of birth and including this child.......(b) Born alive and now living 4..... ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was a land at 92M on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by North ......................., who is related to this child as Mother (Mother, etc.) 25. Attendant's Midwife Address OWN signature Date **AFFIDAVIT** to be completed when the attendant does not sign County of V les langelis (ss. in Item 25. I, the undersigned, being first duly sworn, say that I am the 1/1 .....of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for all his laftears, and that who attended this birth is decease (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. My Commission Expires June 10, 1945-9-29 Garrista and (SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on.....FEB

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utatus gi<sup>tt</sup> Jaarius voljo ≸

J. Garage

## DELAYED REGISTRATION LAW

Carrier Hill Conservation Committee and a conservation of the

A conservation agent transfer

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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	563-211-208-699	363	7787 State File No 365989
45	United States (Be sure the information is as	of date of birth of THIS child)	State File No.
ī	Department of Commerce CERTIFICAT	E OF BIRTH	Local Reg. No
8 .	Bureau of the Census STATE O	F IDAHO	Reg. Dist. No
ED of filing.	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF M	IOTHER (At time of this birth)
	(a) County 3 of sa (b) City Sweet.	(a) State Jacky	(b) County Bocks
i to i	(c) Street Address or R.F.D. No.		
H S	(d) Name of Hospital or Maternity Home:	- · •	
COMPLETED daho, for fillip or coin.			), No
COM Idaho, er or c	(e) Mother's stay <b>BEFORE</b> delivery:  IN <b>THIS</b> county years / months days		R lived in Idaho? yrs.
Mail Se, ord	4. FULL NAME Georgenna May Noland.		
	7. Twin or If so—born	8. No. months	ay, year)///www.ti.ti.
at o	6. Sex female Triplet 1st, 2nd, 3rd		9. Legitimate? W
5 5 E	FATHER OF CHILD	MOTHER (	OF CHILD
E ist	10. FULL NAME Yelliam Horas Moland	16. FULL MAIDEN	Black The Marcht
e Este	11 Color 1 L 12 Are at time	16. FULL MAIDEN, NAME Sensue 17. Color	18. Age at time
. 25 <u>25</u> 5	or Race Sevieu of THIS birth 3 3 yrs.	or Race is ly	of THIS birth 3.5vrs.
音音表		19. Birthplace Seda	Indiana.
Z Z	13. Birthplace (City or town) (State or foreign country)	(City or town)	(State or foreign country)
# T E	14. Exact Cocupation	20. Exact PAOUS	e wife.
it of	15. Industry or	21. Industry or	
12 20 21	Business	Business	
n c ure	22. Name prophylactic used to prevent Ophthalmia Neonatorum	Boric Acid	
120	23. Number of children of this mother: (a) At time of birth and	including this child(b)	Born alive and now living 4
<u> </u>	A PRIVED A RIFE OF	OWDINGCATE	
e Sta	24. I HEREBY CERTIFY That I attended the birth of this	child, who was born alix	7et 1.30 P.M. on the date
H 0 6			
15 0 g	and at the place stated above, and that personal particulars	(First name	) (Last name)
9 MA	related to this child as Aunt		
os i	25. Attendant's Anna Noland M.D.		0/28/147
# D. D.	OWN signature Midwife	Address Montour	Date 2/17/'43
N I	State of Idaho County of Gem ss.	AFFIDAVIT to be completed w	hen the attendant does not sign
810	County of Gem ss.	in Ite	
47.4 20.0	I, the undersigned, being first duly sworn, say that I am	the Aunt. of	the nerson whose name annears
	in Item 4, above, that I am now75years of age		
355	in Item 4 shows that I am now (U years of age	that I have known this person	for
	in acting the proof of the state of the stat	Danasa	•
E H S	Margaret J. Noland who attended this	. birth Deceased	I further state that
r or Bi ring F	Margaret J. Noland , who attended this	birth Deceased (Is now deceased) or (Canno	
Ink or Bi earing F Each ce	Margaret J. Noland , who attended this (First name) (Last name) the facts on the certificate above are true to the best of my	s birth Deceased (Is now deceased) or (Canno knowledge, and that I desire to	
K Ink or B bearing F	Margaret J. Noland , who attended this (First name) (Last name) the facts on the certificate above are true to the best of my	s birth Deceased (Is now deceased) or (Canno knowledge, and that I desire to	
ACK Ink or Blope bearing Fings Each ce	Margaret J. Noland , who attended this (First name) (Last name) the facts on the certificate above are true to the best of my	s birth Deceased (Is now deceased) or (Canno knowledge, and that I desire to	
SLACK Ink or Bi velope bearing F filing. Each ce	Margaret J.Noland , who attended this (First name) (Last name) the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.	s birth Deceased (Is now deceased) or (Canno knowledge, and that I desire to Montour Ide	have this birth recorded under Signature Aho P. O. Address
y BLACK Ink or B envelope bearing F for filing. Each ce	Margaret J. Noland who attended this (First name) (Last name) the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.  Subscribed and sworn to be to be me this 17 day of	s birth Deceased (Is now deceased) or (Canno knowledge, and that I desire to Montour Ide	
only BLACK Ink or Bi in envelope bearing F ie for filing. Each ce	Margaret J. Noland who attended this (First name) (Last name) the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.  Subscribed and sworn to be to me this 17 day of (SEAL)	s birth Deceased (Is now deceased) or (Canno knowledge, and that I desire to Montour Ide  Feb  Notary Public, resi	I further state that the located) have this birth recorded under Signature Aho P. O. Address 19 43 ding at Montour Ida
e only BLACK Ink or Bite in envelope bearing Farge for filing. Each ce	Margaret J. Noland who attended this (First name) (Last name) the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.  Subscribed and sworn to be to be me this 17 day of	s birth Deceased (Is now deceased) or (Canno knowledge, and that I desire to Montour Ide  Feb  Notary Public, resi	nt be located) have this birth recorded under Signature habo P. O. Address 19 43 ding at Montour Ida.
Use only BLACK Ink or Bicate in envelope bearing Febrarge for filing: Jack ce	Margaret J. Noland who attended this (First name) (Last name) the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.  Subscribed and sworn to be to me this 17 day of (SEAL)	knowledge, and that I desire to  Montour Ide  Feb  Notary Public, resi  17-914, Idaho Code Annotated.	I further state that the located) have this birth recorded under Signature Aho P. O. Address 19 43 ding at Montour Ida

(1937 Session Laws, Chapter 139, Section 4)

918-205 043-239				State File N3661	43
United States (Be sure the Department of Commerce	e information is as ( CERTIFICAT		THIS child)	Local Reg. No.	- 4
Bureau of the Census	STATE O			Reg. Dist. No	
1. PLACE OF BIRTH (All items at time of t (a) County	this birth) anwick	2. USUAL RES (a) State	daho Vanw	MOTHER (At time of this	birt
(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county <b>Valvey</b> s 2 m		(e) How long	has MOTHE OF FATHER	R lived in Idaho? 8 (city, state) Idaho.	y
4. FULL NAME OF CHILD Katie Jane Ra 6. Sex Female Triplet	If so-born	_ 8. N	o. months	irth of Child lay, year) April 5, 9 9. Legitimate? Ye	
6. Sex Female Triplet	1st, 2nd, 3rd	0116 01	Pregnancy	OF CHILD	
10. FULL Bert Ray		16. FULL MAI		a Stickney	
11. Color or Race White 12. Age at the of THIS 1	me birth 40 yrs.	17. Color Wh	ite	18. Age at time 18	
13. Birthplace Kintucky (City or town) (State or fo	ALLEN LINEALIA DE LA	19. Birthplace	(City or town)	higan (State or foreign count	
		20. Exact	77		ryj
Occupation Stockman & Fa 15. Industry or Business		Occupation 21. Industry or Business			
22. Name prophylactic used to prevent Ophth	nalmia Neonatorum				<b>.</b>
23. Number of children of this mother: (a) A	t time of birth and	including this ch	ild one(b)	Born alive and now livin	g 3
24. I HEREBY CERTIFY That I attended and at the place stated above, and that p	ATTENDANT'S the birth of this personal particulars	child, who was	orn alive, stillbor	at	e da who
related to this child as(Mother, e			(4.3554	, , , , , , , , , , , , , , , , , , , ,	
25. Attendant's OWN signature	M.D.	Address		Date	
State of Oregon state of Malheur ss.		AFFIDAVIT to b		hen the attendant does n	ot s
County of)				25.	· #F2
I, the undersigned, being first duly swo					
in Item 4, above, that I am now 70		that I have know	vn this person		
Mrs Bud Mathorn (Last name)	, who attended this	birth(Is now de	deceased) or (Canno	I further sta	te ti
the facts on the certificate above are true that the facts on the certificate above are true that the facts on the certificate above are true to the facts on the certificate above are true to the facts on the certificate above are true to the facts on the certificate above are true to the facts on the certificate above are true to the facts on the certificate above are true to the facts on the certificate above are true to the facts on the certificate above are true to the facts on the certificate above are true to the certificate above are tru	to the best of my	knowledge, and		have this birth recorded	
	ny	ف بسد	Lyon	У	
Subscribed and sworn to before me this.	20th day of	Februar	.У	19. 4	3
(SEAL) (Note: Rerjury is punishable as a felony	y in Idaho; see Sec.	Nota 17-914, Idaho Co	ry Public, res de Annotated.	iding at Nyssa, Ore	ege
Received for filing on	8 1943	by Ma	ord I	lo., Rep	gistı

(1937 Session Laws, Chapter 139, Section 4)

	796 124030 492		0.0
T 0	United States (Be sure the information is as	of date of birth of THIS child)	State File No 367366
Z		re of birth	Local Reg. No
ē	•	OF IDAHO	Reg. Dist. No
filling.	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF M	
	(a) County LEMA (b) City Bants EY		b) County 6 27/h/
ŞŞ	(c) Street Address or R.F.D. No.	1	
	(d) Name of Hospital or Maternity Home:	(c) City	
Idaho, er or co	At Home	(d) Street Address or R.F.D	No Banisler
3 4 2	(e) Mother's stay <b>BEFORE</b> delivery:	(e) How long has MOTHER	lived in Idaho? 50 yrs
	IN THIS county // years months days	3. RESIDENCE OF FATHER	(city, state) Togo Ag
e. Mail Boise, ney orde	4. FULL NAME T LTI'L' D	5. Date of Bir	th of Child y, year) 6-24-1891
. 10 P	OF CHILD Trank Phillip Travel,	(Month, da	y, year) 6-24-7011
3 H 5	6. Sex Male 7. Twin or If so—born 1st, 2nd, 3rd		9. Legitimate?
5 S E	FATHER OF CHILD	MOTHER O	E CHILD
S. S.	10 ETILL 5	16. FULL MAIDEN MONAME	
いまる	NAME ///C/7 C9/ PYOUL	NAME / NAME	CUishno
State of the state	11. Color or Race Mhare 12. Age at time of THIS birth 2.9 yrs.	17. Color or Race White	8. Age at time of THIS birth
	13. Birthplace (City or town) (State or foreign country)	19. Birthplace 777.4. 6. 17.1.	9477
	(City or town) (State or foreign country)	20. Exact (City or town)	(State or foreign country)
9 5	14. Exact Occupation 797777 C/	Occupation House	Wire
	15. Industry or	21. Industry or	
	Business	Business	
Paris C	22. Name prophylactic used to prevent Ophthalmia Neonatorum		
5 m 8	23. Number of children of this mother: (a) At time of birth an	d including this child $2$ (b) I	orn alive and now living 2
ribbon State Ivance		S CERTIFICATE	
·Q	24. I HEREBY CERTIFY That I attended the birth of this	child, who was.	at M. M. on the date
in Ster	and at the place stated above, and that personal particular	s were furnished by. Rescute	Vishno , who i
1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	related to this child as MOThCT	(First name)	(Last name)
	(Mother, etc.)	<u>-</u>	6.6.4
<u> </u>	25. Attendant's OWN signature Rose // Dishno Midwif	e Address Bannis	C 7 Date /89/
E XX E		e Address L d // 1/13	C Bate / U /
8 <b>4</b> 5	State of TATTO	AFFIDAVIT to be completed wh	_
콧취용	County of	in Iter	
K E B	I, the undersigned, being first duly sworn, say that I am	the $MOTH = R$ of t	he person whose name appear
BLACK FIRST- certified	in Item 4, above, that I am now years of age	(Mother, etc.) e, that I have known this person	for 50 years, and tha
8 E 9	COSELLA DIS H 210, who attended this		I further state tha
무명성	(First name) (Last name)	(is now deceased) or (Cannot	be located)
캶캶	the facts on the certificate above are true to the best of my	knowledge, and that I desire to	have this birth recorded unde
<b>78</b> 7	Chapter 139, 1937 Session Laws.	mil Plan	Signature
<b>36.8</b>		To along	7 2/2 /21
<b>38</b> E	4 5	A TOPO	P. O. Addres
	Subscribed and sworn to before me this day of	teamer	19 4 3
Fe S	(SEAL) - / all V. It	Notary Public, resig	ong at Leadine Ida
onl e in rge	(Note: Perjory is punishable as a felony in Idaho; see Sec	c. 17-914, Idaho Code Annotated.)	
Use cate cate charg	Received for filing on		Registra
<del>-</del> پ پ	Tructived for filling Oil		

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OEC 14 P

	613102026 533			387400
<u>∔</u> %		Be sure the information is as	of date of birth of THIS ch	
Ĕ.	Department of Commerce		E OF BIRTH	Local Reg. No
ಶಿಷ್ಟ	Bureau of the Census	STATE O		Reg. Dist. No
	1. PLACE OF BIRTH (All items (a) County Jefferson (1)	o) CityLe.Wis.Ville	(a) State Idaho	OF MOTHER (At time of this birth)(b) CountyIefferson
25¥	<ul><li>(c) Street Address or R.F.D. N</li><li>(d) Name of Hospital or Mater</li></ul>			lle
<b>2</b> 6 2	(d) Name of Hospital of Mater	mity Home:	(d) Street Address or	R.F.D. No.
idah Idah	(e) Mother's stay <b>BEFORE</b> de IN <b>THIS</b> county 8 year	livery:	(e) How long has MO's 3. RESIDENCE OF FAT	THER lived in Idaho? 8 yrs. THER (city, state) Lewisville
Mai koise, y ord	4. FULL NAME oras tus		5. Date (Mon	of Birth of Child th. day, year) una 2-1891.
5 E 5	6. Sex male 7. Twin 6. Triplet	or single If so—born 1st, 2nd, 3rd	8. No. months	cy 9 9. Legitimate? ! Apos
5 5 E	FATHER O		MOTE	ER OF CHILD
fst.	10. FULL NAME STASTUS	Walker	16 FIILL MAIDEN	•
S ta g	11. Color 1	2. Age at time	17. Color	liza Illsworth.
2 . S	or Race white	of THIS birth24yrs.	17. Color or Race white	of THIS birth 21 yrs.
EEE	13. Birthplace Deseret, Utal	1.	19. Birthplace Raymon	of THIS birthyrs.  d. Utah.  (State or foreign country)
ã>Ã	14. Exact		20. Exact	(State or foreign country)
물병	Occupation farmer 15. Industry or		Occupation21. Industry or	farmer 's housewife
B a a	Business farmer			sawife.
a re	22. Name prophylactic used to pro	event Ophthalmia Neonatorum		
교준으	22. Italie proping accie apea to pr			
<b>⊣</b> ` ∧	23 Number of children of this me	other (a) $\Delta t$ time of hirth and	including this child 1	(b) Born alive and now living 12
bon ite	23. Number of children of this mo			.(b) Born alive and now living 12
ribbon State dvance	23. Number of children of this me			
er ribbon to State 1 advance	23. Number of children of this me 24. I HEREBY CERTIFY That			
rriter ribbon ge to State an advance	<ul><li>23. Number of children of this me</li><li>24. I HEREBY CERTIFY That and at the place stated above</li></ul>	ATTENDANT'S I attended the birth of this , and that personal particulars		
pewriter ribbon stage to State res an advance	23. Number of children of this me 24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTENDANT'S I attended the birth of this , and that personal particulars (Mother, etc.)		ive at
typewriter ribbon postage to State quires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTENDANT'S I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D.	child, who was born al (Born alive, st were furnished by(First	ive at
and typewriter ribbon SS postage to State requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTENDANT'S I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D. Midwife	child, who was born al (Born alive, st were furnished by (First	ive at
ecord typewriter ribbon LASS postage to State py requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTENDANT'S I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D. Midwife	child, who was born al (Born alive, st were furnished by (First Address)	ive at
Record typewriter ribbon -CLASS postage to State copy requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as  25. Attendant's OWN signature  State of Idaho County of Ichron	ATTENDANT'S I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D.  Midwife	child, who was born al (Born alive, st were furnished by (First Address  AFFIDAVIT to be completed in the completed by the completed in the co	Date  Date  make the date (Last name)  Date  The date (Last name)  Date  The date (Last name)
CK Record typewriter ribbon ST-CLASS postage to State fied copy requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTENDANT'S  I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D.  Midwife  ss.  st duly sworn, say that I am	child, who was born all (Born alive, st were furnished by (First Address AFFIDAVIT to be completed in the father	Date  Date  med when the attendant does not sign in Item 25. of the person whose name appears
LACK Record typewriter ribbon TRST-CLASS postage to State rtified copy requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTENDANT'S  I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D.  Midwife  ss.  st duly sworn, say that I am 75 years of age	child, who was born al (Born alive, st were furnished by (First Address AFFIDAVIT to be completed the father (Mother, etc.) that I have known this per child.	Date  Date  Ted when the attendant does not sign in Item 25.  Lead of the person whose name appears erson for 52.  Date  Date
or BLACK Record typewriter ribbon ig FIRST-CLASS postage to State overtified copy requires an advance	23. Number of children of this may 24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTENDANT'S  I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D.  Midwife  ss.  st duly sworn, say that I am 75 years of age	child, who was born al (Born alive, st were furnished by (First Address AFFIDAVIT to be completed the father (Mother, etc.) that I have known this per child.	Date  Date  Ted when the attendant does not sign in Item 25.  Lead of the person whose name appears erson for 52.  Date  Date
k or BLACK Record typewriter ribbon ring FIRST-CLASS postage to State ach certified copy requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTENDANT'S  I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D.  Midwife  ss.  st duly sworn, say that I am  75 years of age  who attended this  st name)	child, who was born al (Born alive, st were furnished by (First Address AFFIDAVIT to be completed the (Mother, etc.) that I have known this per birth. 1s now deceased) or (Is no	Date  Date  Ted when the attendant does not sign in Item 25.  The person whose name appears erson for 52.  The person whose name appears in Item 25.  The person whose name appears in Item 25.  The person whose name appears in Item 25.  The person for 52.  The person whose name appears in Item 25.  The person for 52.  The person for 52.  The person for 52.  The person for 53.  The person for 54.  The person for 54.  The person for 55.  The per
Ink or BLACK Record typewriter ribbon bearing FIRST-CLASS postage to State Each certified copy requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as  25. Attendant's OWN signature  State of Idaho County of Idaho I, the undersigned, being first in Item 4 above, that I am how Internal Baboli (First name) the facts on the certificate above Chapter 139, 1937 Session Laws	ATTENDANT'S  I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D.  Midwife	child, who was born al (Born alive, st were furnished by (First Address AFFIDAVIT to be completed the (Mother, etc.) that I have known this per birth (Is now deceased) or (knowledge, and that I desi	Date  Date  Ted when the attendant does not sign in Item 25.  The person whose name appears erson for 52 years, and that cannot be located)  The person whose name appears are to have this birth recorded under
CK Ink or BLACK Record typewriter ribbon pe bearing FIRST-CLASS postage to State ig. Each certified copy requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as  25. Attendant's OWN signature  State of Idaho County of Jefferson I, the updersigned, being first in Item 4 above, that I am how Herriet Dabell (First name) the facts on the certificate above Chapter 139, 1937 Session Laws.	ATTENDANT'S  I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D. Midwife  Ss.  st duly sworn, say that I am 75 years of age ust name) e are true to the best of my	child, who was born all (Born alive, st were furnished by (First Address AFFIDAVIT to be completed in the (Mother, etc.) that I have known this per birth. Is now deceased) or (knowledge, and that I design and the I design and the I design and the I design and the I design and I design a	Date  Date  Date  Date  Ted when the attendant does not sign in Item 25.  The person whose name appears erson for 52.  The person whose name appears in Item 25.  The person for 52.  The person whose name appears in Item 25.  The person whos
LACK Ink or BLACK Record typewriter ribbon elope bearing FIRST-CLASS postage to State filing. Each certified copy requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTENDANTS  I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D. Midwife  Ss.  st duly sworn, say that I am	child, who was born al (Born alive, st were furnished by (First Address AFFIDAVIT to be completed the father (Mother, etc.) that I have known this per birth is now deceased) or (knowledge, and that I designated the completed the completed the father (Mother, etc.) that I have known this per birth is now deceased) or (knowledge, and that I designated the father) and the father completed the father complete	Date  Date  Ced when the attendant does not sign in Item 25.  Compared to the person whose name appears erson for 52.  Cannot be located)  I further state that Cannot be located)  The to have this birth recorded under Signature  P. O. Address
BLACK Ink or BLACK Record typewriter ribbon anvelope bearing FIRST-CLASS postage to State or filing. Each certified copy requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as  25. Attendant's OWN signature  State of Idaho County of Jefferson I, the undersigned, being firs in Item 4 above, that I am now Harriet Dabell the facts on the certificate above Chapter 139, 1937 Session Laws.  Subscribed and sworn to before	ATTENDANT'S  I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D. Midwife  Ss.  st duly sworn, say that I am 7.5 years of age ust name) e are true to the best of my  Lore  ore me this 20th day of	child, who was born al (Born alive, st were furnished by (First Address AFFIDAVIT to be completed that I have known this per birth 1s now deceased) or (knowledge, and that I designated that I	Date  Date  Date  ded when the attendant does not sign in Item 25.  of the person whose name appears erson for 52 years, and that Cannot be located)  re to have this birth recorded under Signature  P. O. Address 19. 43
nly BLACK Ink or BLACK Record typewriter ribbon n envelope bearing FIRST-CLASS postage to State e for filing. Each certified copy requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTENDANT'S  I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D. Midwife  Ss.  st duly sworn, say that I am 7.5 years of age ust name) e are true to the best of my  Lore  ore me this 20th day of	child, who was born al (Born alive, st were furnished by (First Address AFFIDAVIT to be completed that I have known this per birth 1s now deceased) or (knowledge, and that I designated that I	Date  Date  Date  ded when the attendant does not sign in Item 25.  of the person whose name appears erson for 52 years, and that Cannot be located)  re to have this birth recorded under Signature  P. O. Address 19. 43
e only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certifi- se in envelope bearing FTRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No arge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as  25. Attendant's OWN signature  State of Idaho County of Jefferson I, the undersigned, being first in Item 4 above, that I am how Entriet Babell (First name) the facts on the certificate above Chapter 139, 1937 Session Laws  Subscribed and swarh to before (SEAL) (Note: Perjury is punishable	ATTENDANT'S  I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D. Midwife  Ss.  st duly sworn, say that I am 7.5 years of age ust name) e are true to the best of my  Lore  ore me this 20th day of	child, who was born al (Born alive, st were furnished by (First Address AFFIDAVIT to be completed that I have known this per birth 1s now deceased) or (knowledge, and that I designated that I	Date  Date  Ced when the attendant does not sign in Item 25.  Compared to the person whose name appears erson for 52.  Cannot be located)  I further state that Cannot be located)  The to have this birth recorded under Signature  P. O. Address
Use only BLACK Ink or BLACK Record typewriter ribbon cate in envelope bearing FIRST-CLASS postage to State charge for filing. Each certified copy requires an advance	23. Number of children of this me  24. I HEREBY CERTIFY That and at the place stated above related to this child as	ATTENDANT'S  I attended the birth of this , and that personal particulars  (Mother, etc.)  M.D. Midwife  Ss.  St duly sworn, say that I am 75. years of age who attended this e are true to the best of my  Lore ore me this 20th day of as a felony in Idaho; see Sec	child, who was born al (Born alive, st were furnished by (First Address AFFIDAVIT to be completed in the father (Mother, etc.) that I have known this post birth is now deceased) or (knowledge, and that I design nzo-l, Idan o.  February  Notary Public 17-914, Idaho Code Annotation	Date  Date  Date  ded when the attendant does not sign in Item 25.  of the person whose name appears erson for 52 years, and that Cannot be located)  re to have this birth recorded under Signature  P. O. Address 19. 43

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4. 03394

# DELAYED REGISTRATION LAV

Committee to again to only to use a softmential self-constitu-

(1937 Session Laws, Chapter 139, Section 4)

	595-215007-281			367402
두당		sure the information is as	of date of birth of THIS o	hild) State File No
certif g. N	Department of Commerce	CERTIFICAT	E OF BIRTH	Local Reg. No
8	Bureau of the Census	STATE O	F IDAHO	Reg. Dist. No
ED ce	1. PLACE OF BIRTH (All items at	time of this birth)	2. USUAL RESIDENCI	E OF MOTHER (At time of this birth)
	(a) County Blains (b)	City Harley	(a) State ) da	4) (b) County Belanne
E S. E	(c) Street Address or R.F.D. No	was beek	(c) City . Hail	w
COMPLETED daho, for filing or coin.	(d) Name of Hospital or Maternit		(d) Street Address of	R.F.D. No. blew Creek
5 P P	none			OTHER lived in Idaho?5yrs.
ŎŖ,	(e) Mother's stay <b>BEFORE</b> delive IN <b>THIS</b> county <b>5</b> years	ry: months days	, ,	THER (city, state) Haile, 2da
Mail ise, orde	4. FULL NAME CO	0 4		e of Birth of Child
N Sign	OF CHILD Eleanor		(Mo	onth, day, year)
3 tg 8	7. Twin or	If so—born	8. No. month	ns ,
ES, CE	6. Sex Temple Triplet  FATHER OF C	1st, 2nd, 3rd	MOT	THER OF CHILD
sti	10. FULL 0 0 H	4. C 4	16. FULL MAIDEN C	+ 00 O
e sti	NAME DAM TOWN	usu come	NAME 17. Color V - a	18. Age at time
2 2 2 E	11. Color or Race 12. A	Age at time f THIS birth 3 人yrs.	or Race	of THIS birth 19 yrs.
it is the		N /	19. Birthplace	nd missouri
		State or foreign country)	20. Exact	town) (State or foreign country)
	Occupation 7		OccupationH.	meure
a La	15. Industry or		21. Industry or	<b>.</b>
69 E	Business		Business	
in comp Bureau paymen	22. Name prophylactic used to preve	nt Ophthalmia Neonatorum	None	
5 ° 8	23. Number of children of this mothe	er: (a) At time of birth and	including this child3	(b) Born alive and now living3
a to the		ATTENDANTS		And the second s
TOA	24. I HEREBY CERTIFY That I a	ittended the birth of this	child, who was	
15 to 15	and at the place stated above, ar			
F S S			(Fir	st name) (Last name)
9 4 5 E	related to this child as	(Mother, etc.)		
184	25. Attendant's OWN signature	M.D.	Address	Date
E 22 2			<del></del>	
Reco CLAS copy	State of	,	AFFIDAVIT to be compl	eted when the attendant does not sign
<b>₩</b> ₽8	County of	)	(h is all has	in Item 25.
STA	I, the undersigned, being first d	luly sworn, say that I am	(Mother, etc.)	of the person whose name appears
	in Item 4, above, that I am now	years of age,	that I have known this	person for 5 2 years, and that
H H S		who attended this		Cecased I further state that
nk or saring Each	(First name) // (Last n	nafine)	(Is now deceased) or	(Cannot be located)
漢충절	Chapter 139, 1937 Session Laws.	re true to the best of my	knowledge and that I de	sire to have this birth recorded under
Me i	Chapter 100, 100, Septem Laws.		us so The	Signature Signature
BLACK nvelope or filing.			Tailer 2	P. O. Address
	Subscribed and sworn to before	201	Helman	19.43.
		me this section day of	1 - CU - Wing	
fer	A L		again a service of the control of th	
کو⊊	(SEAL)	P. Thamm,	Netary Publ	ie, residing at Vailey , Idaho,
only fr e	A L	P. Thamm,	17-914, 10 mo Code Anno	ic, residing at Nailey, Idako,
Use only Ecate in encharge for	(SEAL)	P. Thamm, a felony in Idaho; see Sec.	17-914, 10amo Code Anno	ic, residing at Nailey , Nolaho , tated)  Registrar.

(1937 Session Laws, Chapter 139, Section 4)

	artment of Ce eau of the Ce				F INAHO			Reg No
(t	a) County c) Street Add	(All items at the control of the con	ity Home:	2 F	<ul><li>(a) State.</li><li>(c) City .</li></ul>	Idaho Star	(b) Co	t time of this unty
(		tay <b>BEFORE</b> deliver ounty // years			(e) How 3. RESIDENC	long has MOT E OF FATHER	HER lived in (city, state	Idaho?4 Star, Id
	ULL NAME F CHILD	Bessie	Mart				Birth of Chi day, year)	Tuly 2, 1
6. S	ex F	7. Twin or Triplet		If so—born 1st, 2nd, 3rd		No. months of Pregnacy		Legitimate? 9
11. (13. 14. 15. 15. 12. 22. 22. 23. 24. 25	Color or Race	(City or town)  At The last a decrease of the last acceptance of the	ge at time f THIS birth A. H. J. M. (State or foreig  L.  dent Ophtham and that person Mofher, etc.)	32 yrs.  S 33 n country)  Neonatorday  pa of hith an  orth of the of  mal particular.  M.D.  Midwife	17. Color or Race 19. Birthplace 20. Exact Occupati 21. Industry Rusiness  1 Total in the color of the col	City or too on House or alive, stillborn d by	18. Age of T County van U.S.E.W.i.f  D.L.Botn alive A. Jane Hian, Tola	at time 3.  "HIS birth 3.  "HEARM (State or foreign co
Com	nty or I, the undersi	gned, being first d	uly sworn, say	that I am the	(Mother	in i	Item 25. of the perso	n whose name
		that I am now	wh		at I have know	n this person		years, a
the :		certificate above a Session Laws.	st name) re true to the	•	nowledge, and		to have this	Si
	Subscribed as	nd sworn to before	me this	***************************************	•••••			
				12-44-	and the second s		w w ∴ h ,	Maria
	(SEAL)	************		*********	Notary	Public residi	at. <u>/.,</u>	

(Des. 2 the information is as of data of thirth of Chill edition of the community of the co

Ruses of the Good

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Semion Laws has not been received, or in easy of failure to report any hirth which had occurred subsequent to such date, such report may be received but the by the book registrative with the book registrative.

preserved in Chapter 1 111 2 Salation for the Advisor with the preserved in Chapter 1 111 2 Salation of Advisors with the first report is accompanied by a constraint of the attenting physician or midwife, or by a friday of the filling of middle of the child is living or accessible, of the

midwile, or by affinive of the fallow of metals of the class of the neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

in second.

ible as a felon, ... Idago; see beg. .

	United States (Be sure the information is as	of date of birth of THIS child)	State File No. 367503
ŞZ		E OF BIRTH	Local Reg. No. 44
9		F IDAHO	Reg. Dist. No. 24
COMPLETED certification of the color of the	1. PLACE OF BIRTH (All items at time of this birth) (a) CountyFranklin (b) CityGlendale	2. USUAL RESIDENCE OF MO	THER (At time of this birth)
IPLE ooin.	(c) Street Address or R.F.D. No(d) Name of Hospital or Maternity Home:	(c) CityGlendale	
COMI Idaho, er or c	(e) Mother's stay BEFORE delivery:	(e) How long has <b>MOTHER</b>	lived in Idaho?2yrs.
_ = 5	IN THIS county years months days	3. RESIDENCE OF FATHER (	
certificate. Mail statistics, Boise, Sents, money orde	4. FULL NAME OF CHILD William Henry Auger 7. Twin or If so—born 6. Sex Male Triplet 1st, 2nd, 3rd	8. No. months of Pregnancy	h of Child , year)January 1,1891 o 9. Legitimate?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FATHER OF CHILD	MOTHER OF	CHILD
is certi Statist	10. FULL NAME Henry Daniel Auger  11. Color 12. Age at time of THIS birth 28yrs.	16. FULL MAIDEN NAME Sarah E 17. Color 18 or Race white	llenHibbert Age at time of THIS birth24yrs.
g th ital fifty	13. Birthplace Fingland (State of foreign country).		Utah (State or foreign country)
letin of V	14. Exact OccupationFarmer	20. Exact OccupationHousewif	e
omp au men	15. Industry or Business	21. Industry or Business	
a re	22. Name prophylactic used to prevent Ophthalmia Neonatorum		
	23. Number of children of this mother: (a) At time of birth and	l including this child2(b) Bo	orn alive and now living2
r ribbon o State   advance	ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this	child, who was alive	atM. on the date
typewriter postage to juires an s	and at the place stated above, and that personal particulars	s were furnished by L. C. La (First name)	rs.en, who is (Last name)
9 4 5 5	related to this child asneighbor(Mother, etc.)		
og po		e Address	Date
Recor CLAS! copy 1	State of	AFFIDAVIT to be completed whe in Item	25.
	I, the undersigned, being first duly sworn, say that I am	the <b>Neighbor</b> of the (Mother, etc.)	e person whose name appears
BLA FIR	in Item 4, above, that I am nowyears of age	, that I have known this person for	
P E	Fannie Swan , who attended this (First name) (Last name)	s birth is now deceased or (Cannot I	oe located)
Ink Bearl	the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.	knowledge, and that I desire to h	ave this pirth recorded under
		1 S Preston, Idaho	Signature O Address
BLACK avelope r filing.	and it is a state of the same	e March -	19 4 ₹
≻ಿಕ≎	(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec	Notary Public, residi	ng at Ruston 9 da.
Use only cate in charge	(Note: Perjury is punishable as a felony in Idaho; see Sec	2. 17-914, Idano Code Annotated.)	
\$ <b>5</b>	Received for filing on 3 - 1 - 19 + 3	by type w. Bra	Registrar

MAR 6 1943

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### DELAYED REGISTRATION LAW

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to

(1937 Session Laws, Chapter 139, Section 4)

and the containing the containing and applications of the containing of the containi

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report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

	819-220-003-459 United States (Be		e a a a caracter of matrice at the	d) State File No. 367625
gž .	Department of Commerce	CERTIFICAT	of date of birth of THIS chile	a) State PHe IVO
	Bureau of the Census	STATE O		Local Reg. NoReg. Dist. No
Si i			·	
COMPLETED certification of the state of the	1. PLACE OF BIRTH (All items at the county Bannock (b)			F MOTHER (At time of this birth)
	(c) Street Address or R.F.D. No	- 1		(b) County Bannack
Coin.	(d) Name of Hospital or Maternity		(c) City Pocate	.1o
	At Home		(d) Street Address or R	"F.D. No. None
	(e) Mother's stay BEFORE delive		(e) How long has <b>MOT</b>	HER lived in Idaho? 34 yrs.
Mail CON se, Idaho order or	IN THIS county 8 years	- months - days		IER (city, state)Pocatello,
Mag of the	4. FULL NAME Elizabeth Ha	argraves		f Birth of Child
_ <b>3 3</b> 5	7. Twin or	If so—born		n, day, year)May20,1891
ate. , Bol oney	6. Sex Female Triplet	No 1st, 2nd, 3rd	of Pregnancy	9 9. Legitimate? Yes
<b>결합</b> 합 .	FATHER OF C		MOTUL	D OF CHILD
Trans.	10. FULL Samuel Hargraves		16. FULL MAIDEN Emil	v Merrill
9 ta 6	11 Colon 10 A	age at time	17 O.l.	18 Age at time
	or Race White o	f THIS birth47yrs.	or Race White	of THIS birth 24 vrs.
73£	13. Birthplace Farmington, Ut	tah	19. Birthplace Salt La	ke City, Utah wn) (State or foreign country)
	(City or town) (S	State or foreign country)	20. Exact (City or to	
	Occupation Carpenter	<u>et e de 60 cantilo</u> e	Ogganation HOD	sewife
in completions of payment of	15. Industry or	و دود و شاوی	21. Industry or	usewife
888	Business Carpenter		Dusiness	
a # 6	22. Name prophylactic used to preven	nt Ophthalmia Neonatorum		
E 8	23. Number of children of this mother	er: (a) At time of birth and	including this child 2	(b) Born alive and now living. Z
10 8 8 10 8 8	23. Number of children of this mothe	A	including this child 2	_
10 8 8 10 8 8	23. Number of children of this mothe	A	including this child 2(	M on the date
ribbon State E dvance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a	ATTENDANT'S ittended the birth of this	child, who was (Born alive, still	at M. on the date
ribbon State E dvance	<ol> <li>Number of children of this mother</li> <li>I HEREBY CERTIFY That I and at the place stated above, an</li> </ol>	ATTENDANT'S ttended the birth of this at that personal particulars	child, who was (Born alive, still	M on the date
ribbon State E dvance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S attended the birth of this at that personal particulars (Mother, etc.)	child, who was (Born alive, still	at M. on the date
pewriter ribbon stage to State E res an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S attended the birth of this ad that personal particulars (Mother, etc.)	child, who was (Born alive, still were furnished by(First n	M. on the date born) who is ame) (Last name)
d typewriter ribbon S postage to State E requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANTS attended the birth of this at that personal particulars (Mother, etc.)  M.D. Midwife	child, who was (Born alive, still	M. on the date born) who is ame) (Last name)
d typewriter ribbon S postage to State E requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S ittended the birth of this ad that personal particulars (Mother, etc.)  M.D.  Midwife	child, who was because the child, who was Born alive, still were furnished by (First name).  Address  AFFIDAVIT to be complete	at
d typewriter ribbon S postage to State E requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S ittended the birth of this ad that personal particulars (Mother, etc.)  M.D. Midwife	child, who was because the child with the chi	at
d typewriter ribbon S postage to State E requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S ittended the birth of this ad that personal particulars (Mother, etc.)  M.D. Midwife  Ss.	child, who was because the child and the chi	Date  d when the attendant does not sign Item 25.  of the person whose name appears
d typewriter ribbon S postage to State E requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S ittended the birth of this ad that personal particulars (Mother, etc.)  M.D. Midwife  Ss.	child, who was because the child and the chi	Date  d when the attendant does not sign Item 25.  of the person whose name appears
BLACK Record typewriter ribbon FIRST-CLASS postage to State Re- ertified copy requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S attended the birth of this ad that personal particulars (Mother, etc.)  M.D. Midwife  Ss.  suly sworn, say that I am 558years of age,	including this child 2	Date  d when the attendant does not sign Item 25.  of the person whose name appears son for 62 years, and that
BLACK Record typewriter ribbon FIRST-CLASS postage to State Re- ertified copy requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S attended the birth of this ad that personal particulars (Mother, etc.)  M.D. Midwife  Ss.  suly sworn, say that I am Solution years of age, who attended this	including this child 2	Date  d when the attendant does not sign Item 25.  of the person whose name appears son for 62 years, and that
BLACK Record typewriter ribbon FIRST-CLASS postage to State Re- ertified copy requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S attended the birth of this ad that personal particulars (Mother, etc.)  M.D. Midwife  Ss. auly sworn, say that I am Solution years of age, ame)	including this child 2	Date  d when the attendant does not sign Item 25.  of the person whose name appears son for 2 years, and that annot be located)
Ink or BLACK Record typewriter ribbon earing FIRST-CLASS postage to State E Each certified copy requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S attended the birth of this ad that personal particulars (Mother, etc.)  M.D. Midwife  Ss. auly sworn, say that I am Solution years of age, ame)	including this child 2  CERTIFICATE  Child, who was Complete (Born alive, still were furnished by (First not alive)  Address  AFFIDAVIT to be complete in the (Mother, etc.) that I have known this per birth. (Is now deceased) or (Complete of the complete	Date  Date  d when the attendant does not sign Item 25.  of the person whose name appears son for years, and that annot be located)  to have this birth recorded under
Ink or BLACK Record typewriter ribbon earing FIRST-CLASS postage to State Each certified copy requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S attended the birth of this ad that personal particulars (Mother, etc.)  M.D. Midwife  Ss. auly sworn, say that I am S. years of age, , who attended this ame)	including this child 2  CERTIFICATE  Child, who was Developed  (Born alive, still were furnished by (First new Complete)  Address  AFFIDAVIT to be complete in the (Mother, etc.) that I have known this per birth. Whow the complete in the line (Is now deceased) or (Caknowledge, and that I desired in the line of the complete in the line of	Date  Date  d when the attendant does not sign Item 25.  of the person whose name appears son for years, and that annot be located)  e to have this birth recorded under Signature
Ink or BLACK Record typewriter ribbon earing FIRST-CLASS postage to State E Each certified copy requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S ittended the birth of this ad that personal particulars  (Mother, etc.)  M.D.  Midwife  Ss.  ss.  suly sworn, say that I am years of age, who attended this ame) re true to the best of my	including this child 2  CERTIFICATE  Child, who was Romalive, still  Were furnished by (First note)  Address  AFFIDAVIT to be completed in the (Mother, etc.) that I have known this per birth to have known the per birth to the complete in	Date  d when the attendant does not sign Item 25.  of the person whose name appears son for 62 years, and that annot be located) to have this birth recorded under Signature  Manuel Ca.P. O. Address
Ink or BLACK Record typewriter ribbon earing FIRST-CLASS postage to State Each certified copy requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S ittended the birth of this ad that personal particulars  (Mother, etc.)  M.D.  Midwife  Ss.  ss.  suly sworn, say that I am years of age, who attended this ame) re true to the best of my	including this child 2  CERTIFICATE  Child, who was Romalive, still  Were furnished by  (First n  Address  AFFIDAVIT to be complete  in  the (Mother, etc.)  that I have known this per  birth (Is now deceased) or (Coknowledge, and that I desire  Liga (Address)  A Court (Address)	Date  d when the attendant does not sign Item 25.  of the person whose name appears son for 62 years, and that annot be located) to have this birth recorded under Signature  Manuel Ca.P. O. Address
Ink or BLACK Record typewriter ribbon earing FIRST-CLASS postage to State Each certified copy requires an advance	23. Number of children of this mother  24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S ittended the birth of this ad that personal particulars  (Mother, etc.)  M.D.  Midwife  Ss.  uly sworn, say that I am years of age, who attended this ame) re true to the best of my  me this day of	including this child 2  CERTIFICATE  Child, who was Developed  (Born alive, still were furnished by (First new decease)  (Mother, etc.)  that I have known this per birth. Whow deceased or (Canowledge, and that I desired an	Date  Date  d when the attendant does not sign Item 25.  of the person whose name appears son for 2 years, and that annot be located)  to have this birth recorded under Signature  Manuel Cap. O. Address  1943
only BLACK Ink or BLACK Record typewriter ribbon in envelope bearing FIRST-CLASS postage to State Fige for filing. Each certified copy requires an advance	23. Number of children of this mother  24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S ittended the birth of this ad that personal particulars  (Mother, etc.)  M.D.  Midwife  Ss.  uly sworn, say that I am years of age, who attended this ame) re true to the best of my  me this day of	including this child 2  CERTIFICATE  Child, who was Developed  (Born alive, still were furnished by (First new decease)  (Mother, etc.)  that I have known this per birth. Whow deceased or (Canowledge, and that I desired an	Date  Date  d when the attendant does not sign Item 25.  of the person whose name appears son for 2 years, and that annot be located)  to have this birth recorded under Signature  Manuel Cap. O. Address  1943
to only BLACK Ink or BLACK Record typewriter ribbon to in envelope bearing FIRST-CLASS postage to State Harge for filing. Each certified copy requires an advance	23. Number of children of this mother 24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S attended the birth of this ad that personal particulars (Mother, etc.)  M.D. Midwife  Ss.  Sully sworn, say that I am Solvers of age, who attended this are true to the best of my  me this day of a felony in Idaho; see Sec.	including this child 2  CERTIFICATE  Child, who was Romalive, still  Were furnished by (First note)  Address  AFFIDAVIT to be completed in the (Mother, etc.)  that I have known this per birth (Is now deceased) or (Calcador)  (Is now deceased) or (Calcador)  knowledge, and that I desired in the complete in the complet	Date  d when the attendant does not sign Item 25.  of the person whose name appears son for 2 years, and that annot be located) to have this birth recorded under Signature  Manuel Cap. O. Address  residing at Manuel 2 and 2 and 3 and 4 and 4 and 5 and 6 and
se only BLACK Ink or BLACK Record typewriter ribbon to in envelope bearing FIRST-CLASS postage to State Harge for filing. Each certified copy requires an advance	23. Number of children of this mother  24. I HEREBY CERTIFY That I a and at the place stated above, an related to this child as	ATTENDANT'S attended the birth of this ad that personal particulars (Mother, etc.)  M.D. Midwife  Ss.  Sully sworn, say that I am Solvers of age, who attended this are true to the best of my  me this day of a felony in Idaho; see Sec.	including this child 2  CERTIFICATE  Child, who was Romalive, still  Were furnished by (First note)  Address  AFFIDAVIT to be completed in the (Mother, etc.)  that I have known this per birth (Is now deceased) or (Calcador)  (Is now deceased) or (Calcador)  knowledge, and that I desired in the complete in the complet	Date  Date  d when the attendant does not sign Item 25.  of the person whose name appears son for 2 years, and that annot be located)  to have this birth recorded under Signature  Manuel Cap. O. Address  1943

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# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or

mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Department of Commerce CERTIFICAT	of date of birth of THIS child) State File No  FE OF BIRTH DF IDAHO  State File No  Local Reg. No  Reg. Dist. No		
1. PLACE OF BIRTH (All items at time of this birth)  (a) County Add (b) City Mos. Cov.  (c) Street Address or R.F.D. No.  (d) Name of Hospital or Maternity Home:  (e) Mother's stay BEFORE delivery: IN THIS county 5 years 6 months days  4. FULL NAME OF CHILD 7. Twin or If so—born 1st, 2nd, 3rd  FATHER OF CHILD	16 FULL MAIDEN / MOTHER OF CHILD		
11. Color 12. Age at time or Race Section of THIS birth 33 yrs.  13. Birthplace Stevens fount Wisconsins  (City or town) (State or foreign country)  14. Exact Occupation former  15. Industry or Business	10. FULL MAIDEN JOWISS AMBE CONTROL ON SAME SAME CONTROL ON SAME SAME SAME SAME SAME SAME SAME SAME		
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
related to this child as	(First name) (Last name)		
State of			
(Note: Perjury is punishable as a felony in Idaho; see Sec.	by Registrar		

(1937 Session Laws, Chapter 139, Section 4)

	643-219-025-433		36910
I	repartment of Commerce Sureau of the Census MAR 2 5 1647 CERTIFICAT	of date of birth of THIS child E OF BIRTH OF IDAHO	State File No
	1. PLACE OF BIRTH:  (a) CountyIdaho	(a) State	MOTHER: (Always fill in these daho
	4. FULL NAME OF CHILD	8 No months	Birth Idaho day, year)Jana19,1891. 9 9. Legitimate? yes
100 111 13 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	FATHER OF CHILD  O. FULL  NAME George Ransome Odle  1. Color 12. Age at time of THIS birth 32 yrs.  3. Birthplace Wilbur, Oregon  (City or town) (State or foreign country)  4. Exact Occupation Carpenter  5. Industry or Business Building	16. FULL MAIDEN NAME Julia 17. Color or Race Mhite  19. Birthplace Maripos (City or town Occupation house 21. Industry or Business home	ROF CHILD  Skelton Mc Creddy
	2. Name prophylactic used to prevent Ophthalmia Neonatorum		
toe payment of	6. (a)	25. Attendant's OWN signature and address	M.D. or(D.O., Midwife, etc Date
છે દૂધ (	tate of	NOT LIVING or CANNOT BE	
qurres	I Julia Odle being first	other.	, whose birth certifica

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts

sworn to before me on this... .Notary Public, residing at....Clarkston,.................

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

CHINA HO

165-206-236-165 (Be sure the information is as of date of birth of THIS child.) Department of Commerce CERTIFICATE OF BIRTH Local Rea. No... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (b) City..... (a) County...Co... (b) County Com (c) Street Address or R.F.D. No. (c) City... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Maho?... (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) In **THIS** county years months days 4. FULL NAME 5. Date of Birth of Child (Month, day, year) Assa. 6, 1891 OF CHILD If so-born 8. No. months 1st, 2nd, 3rd Triple 9. Legitimate? of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME..... 17. Color Age at time ae at time or Race. 13. Birthplace 19. Birthplace. City or town) (State or foreign country) Exact Occupation 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by..... who is related as....(Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of Salah **AFFIDAVIT** County of ancida (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the...... \_\_\_\_\_of the person whose name appears in Item 4, (Mother, etc.) years of age, that I have known this person for above, that I am now..... who attended this birth acce (Is now deceased) or (Cannot be located) state that the facts on the certificate above are time to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139. 1937 Session Laws: Subscribed and sworn to before me this , Notary Public, residing at Malad Ola (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on...

APR 1 2 1943

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Miller & March

231-106-001-413		child.) 369196 No. 369196
United States	(Be sure the information is as of date of birth of THIS	child.) State File No
Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No
Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of thi	is birth) 2. USUAL RESIDEN	ICE OF MOTHER (At time of this birth)
(a) County (b) (		and, (b) County A da.
(c) Street Address or R.F.D. No	(c) City	ouse
(d) Name of Hospital or Maternity Home:	(d) Stroot Address	ss or R.F.D. No.
***************************************	(d) Sheet Address	
(e) Mothers stay <b>BEFORE</b> delivery:	(e) How long ho	ns MOTHER lived in Idaho?
In THIS county years		FATHER (city, state) Boise, 9 d
4. FULL NAME of CHILD Of CHILD	motanton	5. Date of Birth of Child (Month, day, year)
7. Twin or	If so—born 8. No. n	
6. Sex Mall Triplet		egnancy 9. Legitimate?
FATHER OF CHIL		MOTHER OF CHILD
10. FULL NAME Charles alber	16. FULL MADEN	ryann Daly
	re at time 2 0 17. Color 17.	18. Age at time 2 1 /
	THIS birth or Race	hill of THIS birth
13. Birthplace Battle Cruck		tran Missour
(City or team)	(State or foreign country)	(State or foreign country)
14. Exact	20. Exact	Hay be will
	Occupation	1,000.000
		·
15. Industry or Business	Business	
Business		
Business  22. Name prophylactic used to prevent Opl	hthalmia Neonatorum	
Business  22. Name prophylactic used to prevent Opl	hthalmia Neonatorum	
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)	At time of birth and including this child	(b) Born alive and now living
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)	At time of birth and including this child	(b) Born alive and now living
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the	At time of birth and including this child	(b) Born alive and now living
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that	At time of birth and including this child	(b) Born alive and now living
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the	At time of birth and including this child	(b) Born alive and now living
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as(Mother, et	At time of birth and including this child	(b) Born alive and now living
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as	At time of birth and including this child	(First name) (Last name)
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as	At time of birth and including this child	(First name) (Last name)
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, et a)  25. Attendant's OWN signature  State of Idaho County of Ada	At time of birth and including this child	(b) Born alive and now living
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, et a)  25. Attendant's OWN signature  State of Idaho County of Ada	At time of birth and including this child	(b) Born alive and now living
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as	At time of birth and including this child	(First name)  AFFIDAVIT the attendant does not sign in Item 25.) of the person whose name appears in Item
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  25. Attendant's  OWN signature  State of Idaho  County of Ada  I, the undersigned, being first duly swabove, that I am now. 69	At time of birth and including this child	(First name)  AFFIDAVIT the attendant does not sign in Item 25.)  on for 51 years, and to
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  25. Attendant's  OWN signature  State of Idaho  County of Ada  I, the undersigned, being first duly swabove, that I am now. 69	At time of birth and including this child	(First name)  AFFIDAVIT the attendant does not sign in Item 25.) of the person whose name appears in Item on for
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  25. Attendant's  OWN signature  State of Idaho  County of Ada  I, the undersigned, being first duly sweather above, that I am now 69  Merearet Daly  (First name)	At time of birth and including this child	(Last name)  AFFIDAVIT the attendant does not sign in Item 25.)  on for 51 years, and to the first name or cannot be located)  (Is now deceased) or (Cannot be located)
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  25. Attendant's  OWN signature  State of Idaho  County of Ada  I, the undersigned, being first duly sweather above, that I am now 69  Merearet Daly  (First name)	At time of birth and including this child	(First name)  AFFIDAVIT the attendant does not sign in Item 25.)  on for 51 years, and to the first name appears in Item (Is now deceased) or (Cannot be located) sire to have this birth recorded under Chapter 1
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  25. Attendant's  OWN signature  State of Idaho  County of Ada  I, the undersigned, being first duly sweather and the incomplete of the place of	At time of birth and including this child	(First name)  AFFIDAVIT the attendant does not sign in Item 25.)of the person whose name appears in Item on foryears, and the sign in Item 25. Item (Is now deceased) or (Cannot be located) sire to have this birth recorded under Chapter 1
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  25. Attendant's  OWN signature  State of Idaho  County of Ada  I, the undersigned, being first duly sweather and the incomplete of the place of	At time of birth and including this child	(First name)  AFFIDAVIT the attendant does not sign in Item 25.)of the person whose name appears in Item on foryears, and the sign in Item 25. Item (Is now deceased) or (Cannot be located) sire to have this birth recorded under Chapter 1
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  25. Attendant's  OWN signature  State of Idaho  County of Ada  I, the undersigned, being first duly swabove, that I am now.  69  Merearet Daly  (First name)  state that the facts on the certificate above 1937 Session Laws.	At time of birth and including this child	(First name)  (Clast name)  (AFFIDAVIT  the attendant does not sign in Item 25.)  on for 51 years, and to the interest of the person whose name appears in Item (Is now deceased) or (Cannot be located) sire to have this birth recorded under Chapter 1 sire to have the sire
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  25. Attendant's  OWN signature  State of Idaho  County of Ada  I, the undersigned, being first duly swabove, that I am now.  69  Merearet Daly  (First name)  state that the facts on the certificate above 1937 Session Laws.	At time of birth and including this child	(First name)  AFFIDAVIT the attendant does not sign in Item 25.)  on for 51 years, and to the inthe is now deceased or (Cannot be located) sire to have this birth recorded under Chapter Item 25.  Boise, Idaho P.O. Addressed 19.43.
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  25. Attendant's  OWN signature  State of Idaho  County of Ada  I, the undersigned, being first duly swabove, that I am now.  69  Merearet Daly  (First name)  state that the facts on the certificate above 1937 Session Laws.	At time of birth and including this child	(First name)  AFFIDAVIT the attendant does not sign in Item 25.)  on for 51 years, and the sire to have this birth recorded under Chapter 1  Boise, Idaho P.O. Addron, 19.43.  otary Public, residing at Boise T.d.s.h.e.
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as	At time of birth and including this child	(First name)  AFFIDAVIT the attendant does not sign in Item 25.)  on for 51 years, and the sire to have this birth recorded under Chapter 1  Boise, Idaho P.O. Addron, 19.43.  otary Public, residing at Boise T.d.s.h.e.
Business  22. Name prophylactic used to prevent Opl 23. Number of children of this mother: (a)  24. I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  25. Attendant's  OWN signature  State of Idaho  County of Ada  I, the undersigned, being first duly swabove, that I am now.  69  Margaret Daly  (First name)  state that the facts on the certificate above 1937 Session Laws.  Subscribed and sworn to before me the (SEAL)  (Note: Perjury is punishable as a felor	At time of birth and including this child	(First name)  AFFIDAVIT the attendant does not sign in Item 25.)  on for 51 years, and the first name deceased or (Cannot be located)  irth is now deceased or (Cannot be located)  size to have this birth recorded under Chapter 1  Boise, Idaho P.O. Addresser Public, residing at Boise, Idaho

(1937 Session Laws, Chapter 139, Section 4)

216-226-010-466 United States Be sure the information is as of date of birth of THIS child) State File No..... Local Reg. No..... Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Bonneville City Idaho Falls (a) State Idaho (b) CountyBonneville (c) Street Address or R.F.D. No..... (c) City Idaho Falls (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?...20 yrs. (e) Mother's stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Idaho Falls IN THIS county 20 years months 5. Date of Birth of Child Oregon (Month, day, year) Sept. 26, 1891 4. FULL NAME of child Horatica Sawyer If so—born 8. No. months 7. Twin or of Pregnancy 9 9. Legitimate? Yes 6. Sex Female 1st. 2nd. 3rd Triplet MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN

NAME Lillian Way Moore

17 Color White 18. Age at time 26 yrs. 10 FILL. NAME James Hackett Sawyer 11. Color 12. Age at time White or Race White of THIS birth 26 yrs.

19. Birthplace (City or town) (State or foreign country) or Race..... 13. Birthplace Salvania Ohio
(City or town) (State or foreign country) 20. Exact 14. Exact Occupation Housewife Occupation Timekeeper 15. Industry or 21. Industry or Lumber mill Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was Serve alive, at (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by......, who is related to this child as....(Mother, etc.) 25. Attendant's Date Midwife Address OWN signature State of Training of Mash AFFIDAVIT to be completed when the attendant does not sign in Item 25. I, the undersigned, being first duly sworn, say that I am the 1000 that of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (Rirst name) (Last name) who attended this birth.... (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Blaskap. O. Address YSt day of Subscribed and sworn to before me this ..... Notary Public, residing at Amasan, alaska (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914. Idaho Code Annotated.) Received for filing on.....APR

(1937 Session Laws, Chapter 139, Section 4)

-	249-210-014-703			369436
₽₽	United States ARR		of date of birth of THIS child)	State File No
ert	Department of Commerce		TE OF BIRTH	Local Reg. No
ခ် ခြ	Bureau of the Census		F IDAHO	Reg. Dist. No
COMPLETED certifi dabo, for filing. No		Nornity Home:	2. USUAL RESIDENCE OF  (a) State DA HO  (c) City MIDD  (d) Street Address or R.F.	
I COM Idaho,	(e) Mother's stay <b>BEFORE</b> d IN <b>THIS</b> county <b>3</b> ye	elivery:	(e) How long has <b>MOTHE</b>	3 <b>CO</b>
Mai olse,	4. FULL NAME WINTE	ELLEN Smith	5. Date of E	firth of Children 10 1891
ste.	6. Sex FRMA   e 7. Twin	or If so—born 1st, 2nd, 3rd	d of Pregnancy	9. Legitimate? 425
s certific Statistics	10. FULL TRANCIS/	MARION SMITH  12 Age at time	16. FULL MADEN RRII	Satella Gall
g thi		of THIS birth 40 yrs.  MISSOURI  (Stare or foreign country)	or Race	of THIS high. 25 yrs.  HLEY OREGON  (Statefor foreign country)
mpleting a of V	15. Industry or	ter + Drayman	21. Industry or	SE WIFE
. CO	Business  22. Name prophylactic used to p	novent Onbthalmia Naganatawan	Business	
	22. Name prophylactic used to p  23. Number of children of this m	ether (a) At time of block on	tingly-ding this shild 3 (h)	Rom alive and new living
5 2 5	23. Number of children of this if	other: (a) At time of birth and	CERTIFICATE	Bolli alive and now hving
St.	24. I HEREBY CERTIFY That			m) M. on the date
riter ge to	and at the place stated abov	e, and that personal particular		, who is
158 W	related to this child as	(Mother etc.)	,	
d typ	25. Attendant's OWN signature	M.D.	Address	Date
ecor ASS	State of	,		when the attendant does not sign
# 5 S	County of	)		em 25.
				the person whose name appears
A H				for 52 years, and that
F 26.	DA CE E	, who attended thi	s birth(Is now deceased) or (Cana	I further state that
A P. S.	the facts on the certificate abou	ve are true to the best of my	knowledge, and that I desire	b have this birth recorded under
1 2	Chapter 139, 1937 Session Laws	$\times$	1911/- 1916	Signature
P CK				P. O. Address
BL.	Subscribed and sworn to be	fore me this 2720 day o	0-11	, 19 43
only in e	(SEAL)	ME Thung	Notary Public Notand For Moti States	OF Gregori 19/90MB_ORE9
6.5 0.1.5	(Note: Perjury is punishabl	e as a felony in Idaho; see Sec	. 17-01-to-Indulate Code A Supraise	2 - 1
5 8 €	Received for filing on	ADD -	by I aliq	Registrar.
	*	т <del>ек</del> 5 1943		

ana tanagat Haiti Zolik (1

10.11/2017/021

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

The contract of the contract o

	249-105.0	11449			
#5	United States	(Be su	re the information is as	of date of birth of THIS child	i) State File No. $369502$
Ē	Department of Co		CERTIFICAT		Local Reg. No.
COMPLETED certification for columns. Note that it is not columns.	Bureau of the Cer	nsus	STATE O	F IDAHO	Reg. Dist. No
ÐĒ	1. PLACE OF BI	RTH (All items at tim	e of this birth)	2. USUAL RESIDENCE O	F MOTHER (At time of the birth)
			y Oak/ey	(a) State Idaho	(b) Covery (a S S 7 a - )
		lress or R.F.D. No		(c) City $Oa$	
E 7.2	(d) Name of H	Iospital or Maternity F	Iome:		F.D. No.
S P S		Home			HER lived in Idaho? // yrs.
		tay <b>BEFORE</b> delivery: county years	months days	3. RESIDENCE OF FATH	
Mail olse, ]	4. FULL NAME OF CHILD		hur Smith		Birth of Child May 5,1891
certificate. tatistics, Bo ents, money		7. Twin or	If so—born	8. No. months	
no.	6. Sex	Triplet FATHER OF CHI	1st, 2nd, 3rd		9 9. Legitimate? 7 es
State .	10. FULL / 1	•	· · /	16. FULL MAIDEN	7. To \$ \$ \$ \$ \$
ati	10. FULL NAME	yrum. On	77 GM	NAME CMI	Jane Durfee
5 2 2 E	11. Color or Race	/ ' IZ APE	at time HIS birth 3/ yrs.	17. Color White	18. Age at time of THIS birth yrs.
<b>F E C</b>	13 Birthplace	Perminaton	England	19. Birthplace May451	111e. Mo.
	14. Exact	(City or town) / (Stat	e or foreigh country)	20. Exact //	of THIS birth yrs.
of to	Occupation	Farmer,		Occupation Hou	se Keeper
m n	15. Industry or			21. Industry or Business	_ ′
S G G	Business		<u></u>		
ii 👺 g		•			
6 8 g	23. Number of ch	ildren of this mother:			b) Born alive and now living
of tal	on THEREBY	TERTIEV That I atto	ATTENDANT'S		at M on the date
2 S E	24, 1 HEREST (	Jimili inat i atte		(Born alive, still)	at
a di di				were furnished by(First no	ame) (Last name)
its &	related to this	s child as(Mo	ther. etc.)		
a pot	25. Attendant's		M.D.	A 2.3	Data
P 20 P	OWN signatu			Address	Date
P A S		ho		AFFIDAVIT to be completed	d when the attendant does not sign
동취임		3 3 1 'a		· .	Item 25.
BLACK FIRST: certified	I, the unders	signed, being first duly	sworn, say that I am	the Mother	of the person whose name appears
A HE	in Item 4, above,	that I am now	7.3years of age,	that I have known this pers	son for 5/ years, and that
P. R. H.	Jen 31 et	me) (Last name	, who attended this	birth 15 now deceased) or (Ca	nnot be located). I further state that
Est Escri	the facts on the Chapter 139, 1937	certificate above are 17 Session Laws.	Ø -	· 1	to have this birth recorded under
¥ o %		2.2	- Epsu	ly Dang E	Muth Signature
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	,	Oakley Ic	Zaho. P. O. Address
BI	Subscribed a	nd sworn to before me	thisday of	April	1943
L C	(SEAL)	1680	arson		residing at
o or		ry is punishable as a f	e <b>lon</b> y in Idaho; see Sec.	17-914, Idaho Code Annotat	
Use only BLAC cate in envelope charge for filling	Received for filin	Notary Public in and t g on Residing in Oakley, C	assis County, Ideba pires Jan. 6, 1945 APR 1 4	by Mail F	Registrar.
		My Commission ax	pires Jan. 6, 1945 APR 1 2	1949	

20

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

	363 225028 999			370807
g a	United States	(Be sure the information is as	of date of birth of THIS child.)	State File No.
envelope bearing copy requires an	Department of Commerce	CERTIFICAT	TE OF BIRTH	Local Reg. No
lope bear requires	Bureau of the Census		OF IDAHO	Reg. Dist. No
96	1. PLACE OF BIRTH (All items of time		2. USUAL RESIDENCE OF MOT	HER (At time of this birth)
5 V	(a) County 1100 Cerss		(a) State Cano	(b) County 1200 Censes.
envel copy	(c) Street Address or R.F.D. No		(c) City You	alls:
	(d) Name of Hospital or Maternity I		(d) Street Address or R.F.D. I	10
各算	(e) Mothers stay <b>BEFORE</b> delivery:		(e) How long has MOTHER	lived in Idaho? 655 yrs.
£ 19	In THIS county years	months days	3. RESIDENCE OF FATHER (city	
D certificate in Each certified	4. FULL NAME 7	7	5 Date of B	lath of CMIA
ក្កដ្ឋ	OF CHILD TOMME.	Typon ocaya	(Month,	lay, year) 7 our 25, 1891
COMPLETED for filing. E	6. Sex Hereale 7. Iwin of Triplet		8. No. months of Pregnancy	9. Legitimate?
MPLETI filing.	FATHER OF			R OF CHILD
CO to	10. FULL	Trace Color	16. FULL MAIDEN 7	in The Change
_	NAME 11. Color	2. Age at time	NAME JOURN	18. Are at time D
. Mail	or Race	of THIS birth yrs.	or Race White.	of THIS birthyrs.
9	13. Birthplace Rent	England	19. Birthplace Warlow	Huntingdonahira
certificate, ing. No c	(City or town)	(State or breign country)	(City or	town) (State of foreign country)
<b>#</b> .	Occupation		20. Exact Occupation	(England
ing Cer	15. Industry or	1	21 Industry or	
y this certi for filing.	Business <b>Farm</b>	ev.	Business Hou	ve reste.
유	22. Name prophylactic used to preven	nt Ophthalmia Neonatorum		0
_ ₹ °	23. Number of children of this mother	To Al time of breath and toulished	7	
<b>a</b> .c	20. Number of Children of this mother	: (a) At time of birth and including	this child	alive and now living
aple (dah	· ·		CERTIFICATE (b) Born	342 S.W. S.
completing se, Idaho, fa	24. I HEREBY CERTIFY That I attend	ATTENDANT'	CERTIFICATE	3.6
	24. I HEREBY CERTIFY That I attend	ATTENDANT's	B CERTIFICATE (Born alive, stillborn)	342 S.W. See
100	24. I HEREBY CERTIFY That I attend	ATTENDANT'	B CERTIFICATE (Born alive, stillborn)	342 S.W. Search
bbon in ics, Bois	24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as	ATTENDANT's ed the birth of this child, who was d that personal particulars were for	B CERTIFICATE  (Born alive, stillborn)  urnished by	342 S.W. Search
	24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as(Mot	ed the birth of this child, who was defined that personal particulars were functional particulars.  M.D.	B CERTIFICATE  (Born alive, stillborn)  urnished by	342 S.W. Search
bbon in ics, Bois	24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as(Mot 25. Attendant's OWN signature	attendant's ed the birth of this child, who was d that personal particulars were for her, etc.)	B CERTIFICATE  (Born alive, stillborn)  urnished by(First name	342 S.W. Search M. on the date (Clast name)
bbon in ics, Bois	24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as(Mot	ed the birth of this child, who was different that personal particulars were from the companies.  M.D. Midwife	Gerrificate  (Born alive, stillborn)  rnished by(First name  Address	3425.W. Seed at the date of th
typewriter ribbon in of Vital Statistics, Bois order or coln.	24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as	ed the birth of this child, who was did that personal particulars were from the child.  M.D. Midwife	Gerrificate  (Born alive, stillborn)  rnished by (First name  Address  AFFIDAVII  To be completed when the attendant	3425.W. Seed at the date of th
typewriter ribbon in of Vital Statistics, Bois order or coln.	24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as	ed the birth of this child, who was different that personal particulars were from the companies.  M.D. Midwife	(Born alive, stillborn)  Irnished by (First name  Address  AFFIDAVIT To be completed when the attendant  of the p	3425.W. Seed at the date of th
bbon in ics, Bois	24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as (Mot 25. Attendant's OWN signature  State of County of The undersigned, being first duly the county of the cou	ed the birth of this child, who was defined that personal particulars were functional particulars.  M.D. Midwife sec.  Sec. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(Born alive, stillborn)  Irnished by	(Last name)  Date  does not sign in Item 25.) erson whose name appears in Item 4,
Record typewriter ribbon in buseau of Vital Statistics, Bois maney order or coin	24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as (Mot 25. Attendant's OWN signature  State of County of The undersigned, being first duly the county of the cou	ATTENDANT's ed the birth of this child, who was d that personal particulars were for her, etc.)  M.D. Midwife  ss.  y sworn, say that I am the	(Mother, etc.)  (Born alive, stillborn)  (First name)  Address  AFFIDAVIT  (Mother, etc.)  I have known this person for	(Last name)  Date  does not sign in Item 25.) erson whose name appears in Item 4, years, and that
typewriter ribbon in of Vital Statistics, Bois order or coln.	24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as (Mot 25. Attendant's OWN signature  State of County of I, the undersigned, being first duly above, that I am now (First name)	attendant's ed the birth of this child, who was d that personal particulars were for her, etc.)  M.D. Midwife  ss.  y sworn, say that I am the	(Born alive, stillborn)  Irnished by	(Last name)  Date  Date  does not sign in Item 25.) erson whose name appears in Item 4,  years, and that ased) or (Cannot be located)
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Record typewriter ribbon in buseau of Vital Statistics, Bois maney order or coin	24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as (Mot 25. Attendant's OWN signature  State of County of I, the undersigned, being first duly above, that I am now (First name)	attendant's ed the birth of this child, who was d that personal particulars were for her, etc.)  M.D. Midwife  ss.  y sworn, say that I am the	(Born alive, stillborn)  Irnished by	(Last name)  Date    Date   Da
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Record typewriter ribbon in buseau of Vital Statistics, Bois maney order or coin	24. I HEREBY CERTIFY That I attend and at the place stated above, and who is related as (Mot 25. Attendant's OWN signature  State of County of I, the undersigned, being first dut above, that I am now (First name) state that the facts on the certificate of 1927 Session Laws	ATTENDANT's ed the birth of this child, who was d that personal particulars were for her, etc.)  M.D. Midwife  ss.  y sworn, say that I am the	(Born alive, stillborn)  Irnished by	(Last name)  Date    Date   Da
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(1937 Session Laws, Chapter 139, Section 4)

863-225040-893 (Be sure the information is as of date of birth of THIS child) State File No ... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No.... 1. PLACE OF BERTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County stockone (b) City Tingeton (a) State Jdako (b) County Shockon (c) Street Address or R.F.D. No. (c) City Itingston (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? That & 200 rs. (e) Mother's stay BEFORE delivery: IN THIS county 7 years 4 months 3. RESIDENCE OF FATHER (city, state) 5. Date of Birth of Child (Month, day, year) 25,18 4. FULL NAME Marjorie Jane Hollan 7. Twin or If so-born 8. No. months 9. Legitimate? ( 6. Sex female Triplet 1st, 2nd, 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD NAME Lusana Hi 11. Color Age at time 17. Color of THIS birth...4 or Race... of THIS birth... 19. Birthplace (State or foreign country) (State or foreign country) 14. Exact 20. Exact Occupation.... Occupation 21. Industry or 15. Industry or **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is (First name) (Last name) related to this child as....(Mother, etc.) 25. Attendant's Midwife Address **OWN** signature Date State of Idaho AFFIDAVIT to be completed when the attendant does not sign County of Shoshone in Item 25. I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears (First name) (Last name) (Last name) (Is now deceased) or (Cannot be ..... I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Kingston, Idaho P. O. Address (SEAL) Notary Public, residing at **Kingston**(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 

(1937 Session Laws, Chapter 139, Section 4)

259 118-040-46	<del>'</del>		370936
United States		on is as of date of birth of THIS child	
Department of Commerce		FICATE OF BIRTH	Local Reg. No
Bureau of the Census		TATE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items of	<i>V</i> / , , , ,	0 1	F MOTHER (At time of this birth)
(a) County And Charles		(a) State <b>Jan</b>	(b) County Man
(c) Street Address or R.F.D.	- A - 1	(c) Cityless	<b>√</b>
(d) Name of Hospital or Mate	rnity Home: Ch hom	(d) Street Address or	R.F.D. No
			OTHER lived in Idaho? / MO
(e) Mothers stay <b>BEFORE</b> del			
In THIS county 4. FULL NAME	years months - c	days   3. RESIDENCE OF FATE	ate of Birth of Child
OF CHILD A LAZA	la Edward.	Dergeron "	Month, day, year).
	win or If so-		s a
6. Sex Male	Triplet 1st, 2n	nd, 3rd // of Pregna	ncy 9. Legitimate?
	R OF CHILD		MOTHER OF CHILD
10. FULL aread	Rosposon	16. FULL MAIDEN 2	Vicia DruisiT
11. Color 7	12. Age of time	NAME 17. Color	18. Age at time
or Race Tresich	of THIS birth	yrs. or Race. JAL	ch of THIS birth 25
13. Birthplace St. Kta	reisse Canal	19. Birthplace	ndola Mins
(City or	town) (State or foreign country	,5°	(City or town) (State or foreign co
14. Exact Occupation	11(0)	20. Exact Occupation	- Allerile
15. Industry or		21. Industry or	
10. 11.000.	ني	Business	•
Business		Dusiness	
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22. Name prophylactic used to	· · · · · · · · · · · · · · · · · · ·		7
22. Name prophylactic used to	nother: (a) At time of birth and in	ncluding this child	o) Born alive and now living
<ul><li>Name prophylactic used to</li><li>Number of children of this r</li></ul>	nother: (a) At time of birth and in	cluding this child. (	b) Born alive and now living
<ul><li>Name prophylactic used to</li><li>Number of children of this r</li></ul>	nother: (a) At time of birth and in	ncluding this child ()  DANT'S CERTIFICATE  The was	7
<ul><li>22. Name prophylactic used to</li><li>23. Number of children of this r</li><li>24. I HEREBY CERTIFY That I</li></ul>	nother: (a) At time of birth and in  ATTEN attended the birth of this child, w	ncluding this child (1)  DANT'S CERTIFICATE  tho was (Born alive, \$77lbo)	b) Born alive and now living
<ul> <li>22. Name prophylactic used to</li> <li>23. Number of children of this r</li> <li>24. I HEREBY CERTIFY That I and at the place stated about</li> </ul>	nother: (a) At time of birth and in  ATTEN attended the birth of this child, we we, and that personal particulars	ncluding this child (1)  DANT'S CERTIFICATE  The was (Born alive, \$71bo)  were furnished by	b) Born alive and now living
<ul><li>22. Name prophylactic used to</li><li>23. Number of children of this r</li><li>24. I HEREBY CERTIFY That I</li></ul>	nother: (a) At time of birth and in  ATTEN attended the birth of this child, we we, and that personal particulars	ncluding this child (1)  DANT'S CERTIFICATE  The was (Born alive, \$71bo)  were furnished by	o) Born alive and now living 3
<ul> <li>Name prophylactic used to</li> <li>Number of children of this r</li> <li>I HEREBY CERTIFY That I and at the place stated about who is related as</li></ul>	nother: (a) At time of birth and in  ATTEN attended the birth of this child, we we, and that personal particulars	ncluding this child (1)  DANT'S CERTIFICATE  The was (Born alive, statled)  were furnished by (1)	o) Born alive and now living 3
<ul> <li>22. Name prophylactic used to</li> <li>23. Number of children of this r</li> <li>24. I HEREBY CERTIFY That I and at the place stated about</li> </ul>	nother: (a) At time of birth and in  ATTEN attended the birth of this child, we we, and that personal particulars  (Mother, etc.)	ncluding this child (1)  DANT'S CERTIFICATE  The was (Born alive, statled)  were furnished by (1)	o) Born alive and now living 3
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22. Name prophylactic used to 23. Number of children of this r  24. I HEREBY CERTIFY That I and at the place stated about who is related as	mother: (a) At time of birth and in  ATTEN attended the birth of this child, we we, and that personal particulars  (Mother, etc.)  M. Mi  Ss.  Test duly sworn, say that I am the years of age	DANT'S CERTIFICATE  The was (Born alive, spilled)  Were furnished by (Born alive, spilled)  D. Address dwife  (To be completed when the complete when the co	Pirst name)  Date  FIDAVIT  Ittendant does not sign in Item 25.)  of the person whose name appears in recommendation.
22. Name prophylactic used to 23. Number of children of this r  24. I HEREBY CERTIFY That I and at the place stated about who is related as	nother: (a) At time of birth and ir  ATTEN attended the birth of this child, we and that personal particulars  (Mother, etc.)  M.  Mi  Ss.  rst duly sworn, say that I am the years of age  (Last name)	DANT'S CERTIFICATE  The was (Born alive, stallog) were furnished by (D. Address dwife  AF. (To be completed when the completed when the completed when the complete when this person for the complete when the complete wh	Date  FIDAVIT  Ittendant does not sign in Item 25.)  of the person whose name appears in
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22. Name prophylactic used to 23. Number of children of this r  24. I HEREBY CERTIFY That I and at the place stated about who is related as	nother: (a) At time of birth and ir  ATTEN attended the birth of this child, we and that personal particulars  (Mother, etc.)  M.  Mi  Ss.  rst duly sworn, say that I am the years of age  (Last name)	DANT'S CERTIFICATE  The was (Born alive, stallog) were furnished by (D. Address dwife  AF. (To be completed when the completed when the completed when the complete when this person for the complete when the complete wh	Date  FIDAVIT  Ittendant does not sign in Item 25.)  of the person whose name appears in
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22. Name prophylactic used to 23. Number of children of this r  24. I HEREBY CERTIFY That I and at the place stated about who is related as	mother: (a) At time of birth and in ATTEN attended the birth of this child, we ve, and that personal particulars (Mother, etc.)  M. Mi  Ss.  Test duly sworn, say that I am the years of age (Last name) cate above are true to the best of the core me this	DANT'S CERTIFICATE  The was (Born alive, stilled)  Were furnished by (Born alive, stilled)  The was (Born alive, stilled)  Were furnished by (Born alive, stilled)  The was (Born alive, stilled)  Were furnished by (Born alive, stilled)  The was (Bor	Date  FIDAVIT  Ittendant does not sign in Item 25.)  of the person whose name appears in years,  now deceased) or (Cannot be located) or have this birth recorded under Charles  Solution P. O.
22. Name prophylactic used to 23. Number of children of this r  24. I HEREBY CERTIFY That I and at the place stated abo who is related as	mother: (a) At time of birth and in ATTEN attended the birth of this child, we ve, and that personal particulars  (Mother, etc.)  M. Mi  Ss.  Test duly sworn, say that I am the years of age  (Last name)  cate above are true to the best of the state of the section of the secti	DANT'S CERTIFICATE  The was (Born alive, stilled)  Were furnished by (Born alive, stilled)  The was (Born alive, stilled)  Were furnished by (Born alive, stilled)  The was (Born alive, stilled)  Were furnished by (Born alive, stilled)  The was (Bor	Date  FIDAVIT  Ittendant does not sign in Item 25.)  of the person whose name appears in years,  now deceased) or (Cannot be located) or have this birth recorded under Charles  Solution P. O.
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(1937 Session Laws, Chapter 139, Section 4)

	412-124-022-813	284.088
유양	United States (Be sure the information is as	of date of birth of THIS child) State File No. 371055
Ē	Department of Commerce MAY 4 1945 CERTIFICAT	TE OF BIRTH Local Reg. No
COMPLETED certificable, for filing. N		OF IDAHO Reg. Dist. No
ED ce filling.	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
	(a) County Tremont (b) City of anthony	(a) State Jacko (b) Copper trement
i fi	(c) Street Address or R.F.D. No.	(c) City him It and
<b>\$</b> 100 €	(d) Name of Hospital Maternity Home:	(d) Street Address or R.F.D. No.
Og a	(e) Mother's stay BEFORE delivery:	(e) How long has MOTHER lived in Idaho?yrs.
FE	IN THIS county 3 years months days	3. RESIDENCE OF FATHER (city, state)
Ma Se, ord	4. FULL NAME SO ( A. A. C)	5. Date of Birth of Child
. 80 E	7. Twin or f so—borr	(Month, day, year) 24, 189
icate. cs, Bo money	6. Sex hale Triplet to 1st, 2nd, 3rd	
2 2 E	FATHER OF CHILD	MOTHER OF CHILD
tist tis,	10. FULL manual tolumen horas	16. FULL MAIDEN Rame Statiseld
Ser les	11. Color 12. Age at time	17. Color 18. Age at time
id V	or Race of THIS birth 3 yrs.	or Race of THIS birth yrs.
fifa	13. Birthplace (State or foreign country)	19. Birthplace (City or town) (State or foreign country)
at S	14. Exact	20. Exact
ag t	Occupation 15. Industry or	Occupation 21. Industry or
a a d	Business Harm	Business' Business'
n c	22. Name prophylactic used to prevent Conthalmia Neonatorum	$\lambda$
- 1 E C	23. Number of children of this mother: (a) At time of birth and	
arte ar		CERTIFICATE
# # # # # # # # # # # # # # # # # # #	24. I HEREBY CERTIFY That I attended the birth of this	child, who was
2	and at the place stated above, and that personal particular	(Born alive, stillborn) s were furnished by, who is
W. B.	malated to this abild as	(First name) (Last name)
sta Fe	related to this child as(Mother, etc.)	
\$85	25. Attendant's M.D.	e Address Date
SSS	State of Canada	
\$ <b>1</b> 8	County of alberta ss.	<b>AFFIDAVIT</b> to be completed when the attendant does not sign in Item 25.
M L T	I, the undersigned, being first duly sworn, say that I am	
55 £	I the undersioned being first duly sworn say that I am	
	1, are undersigned, being first day sworn, say that I am	(Mother, etc.) of the person whose name appears
PER	in Item 4, above, that I am nowyears of age	, that I have known this person for years, and that
FIR FIR	in Item 4, above, that I am nowyears of age	, that I have known this person for years, and that
k or BLA ring FIR ach gertif	in Item 4, above, that I am now years of age who attended this (First nime) (Last name)	s birth
Ink or BLA bearing FIR Each gertif	in Item 4, above that I am now years of age  (First nime) (Last name)  the facts on the certificate above are true to the best of my  Chapter 139, 1937 Session Laws.	s, that I have known this person for years, and that is birth (Is now deceased) or (Cannot be located)  knowledge, and that I desire to have this birth recorded under
CK Ink or BLA pe bearing FIR ng. Each gertif	in Item 4, above, that I am now years of age  (First name) (Last name) who attended this the facts on the certificate above are true to the best of my	t, that I have known this person for years, and that s birth (Is now deceased) or (Cannot be located)  Knowledge, and that I desire to have this birth recorded under Signature
LACK Ink or BLA slope bearing FIR filing. Each gertii	in Item 4, above that I am now years of age  (First nime) (Last name)  the facts on the certificate above are true to the best of my  Chapter 139, 1937 Session Laws.	s, that I have known this person for years, and that is birth (Is now deceased) or (Cannot be located)  knowledge, and that I desire to have this birth recorded under
BLACK Ink or BLA snyelope bearing FIR or filing. Each gertif	in Item 4, above that I am now years of age  (First nime) (Last name)  the facts on the certificate above are true to the best of my  Chapter 139, 1937 Session Laws.	that I have known this person for years, and that is birth (Is now deceased) or (Cannot be located)  knowledge, and that I desire to have this birth recorded under Signature  P. O. Address
nly BLACK Ink or BLA n envelope bearing FIR e for filing. Each gertii	in Item 4, above that I am now years of age  (First mme) (Last name) who attended this the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this 2 day of (SEAL)	k, that I have known this person for years, and that is birth (Is now deceased) or (Cannot be located)  I further state that knowledge, and that I desire to have this birth recorded under Signature  P. O. Address f. 19
only B in env ge for	in Item 4, above, that I am now years of age who attended this (First name) (Last name) the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this 2 day of	that I have known this person for years, and that is birth (Is now deceased) or (Cannot be located)  knowledge, and that I desire to have this birth recorded under Signature  P. O. Address  f
Use only BLACK Ink or BLA cate in envelope bearing FIR charge for filing. Each gertii	in Item 4, above that I am now years of age  (First mme) (Last name) who attended this the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this 2 day of (SEAL)	k, that I have known this person for years, and that is birth (Is now deceased) or (Cannot be located)  I further state that knowledge, and that I desire to have this birth recorded under Signature  P. O. Address f. 19

St. Anni

1 . 1 . 101 15 121

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

693-225044-128			37/236 371236
United States		s of date of birth of THIS child.)	State File No.
Department of Commerce	CERTIFICA	TE OF BIRTH	Local Reg. No
Bureau of the Census	STATE	OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time a	of this birth)	2. USUAL RESIDENCE OF MO	
(a) County Wash	(b) City Salutrus	(a) State Jacky	(b) County Wash (D
(c) Street Address or R.F.D. No		(c) City Salub	
(d) Name of Hospital or Maternity Ho	ome:	1	
		(d) Street Address or R.F.D	. No
(e) Mothers stay <b>BEFORE</b> delivery:		(e) How long has MOTHE	R lived in Idaho? 40 yrs.
In <b>THIS</b> county <b>7</b> years	months days	3. RESIDENCE OF FATHER (c	
4. FULL NAME 0 / >24	1 111 Char	5. Date o	f Birth of Child
of CHILD Das Marga		(Month	f Birth of Child May 25, 1891
7. Twitter	If so—born	8. No. months	a. Mass
6. Sex Jerus Triplet FATHER OF	lst, 2nd, 3rd	2 nd of Pregnancy	9. Legitimate? Yes
FATHER OF C			HER OF CHILD
10. FULL William H. U	Ikerson	16. FULL MAIDEN 7000	4 Ella ashler
414244444444444444444444444444444444444	Ago of time	17. Color 10 4	18. Age at time
or Race White 12.	of THIS birth wrs.	or Race W Will	of THIS birth yrs.
13. Birthplace near Chicago	0.4//	19. Birthplace Euge	ne Oregon
(City or town)	(State or foreign country)		or town) (State or foreign country)
14. Exact Farmin		20. Exact Occupation	atres
	<u> </u>		www
15. Industry or Business Fall 1111	), f	21. Industry or Business	
Business Januar	<del>1)</del>	1 Dusiness	
22. Name prophylactic used to prevent			
No. 1 to 1		<b>A</b>	
23. Number of children of this mother:	<ul><li>(a) At time of birth and includir</li></ul>	g this child	n alive and now living
23. Number of children of this mother:			n alive and now living
	ATTENDANT	S CERTIFICATE	
	ATTENDANT	S CERTIFICATE	at
24. I HEREBY CERTIFY That I attende	ATTENDANT d the birth of this child, who we	S CERTIFICATE  IS(Born alive, stillborn)  furnished by	at
24. I HEREBY CERTIFY That I attended and at the place stated above, and	ATTENDANT d the birth of this child, who we that personal particulars were	S CERTIFICATE  (Born alive, stillborn)	at
24. I HEREBY CERTIFY That I attended and at the place stated above, and	ATTENDANT d the birth of this child, who we that personal particulars were	S CERTIFICATE  IS(Born alive, stillborn)  furnished by	at
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as(Moth 25. Attendant)	ATTENDANT d the birth of this child, who we that personal particulars were	S CERTIFICATE  IS(Born alive, stillborn)  furnished by	at
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	ATTENDANT d the birth of this child, who we that personal particulars were	(Born alive, stillborn)  furnished by  (First n.	mame) (Last name)
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we it that personal particulars were er, etc.) Midwife	(Born alive, stillborn)  furnished by  (First n.	ame) (Last name)  Date
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	ATTENDANT d the birth of this child, who we that personal particulars were	(Born alive, stillborn)  furnished by(First n.	mame) (Last name)  Date
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we that personal particulars were er, etc.)  ss.	(First n. Address  AFFIDA  (To be completed when the attendo	me) (Last name)  Date  VIT  ant does not sign in Item 25.)
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we that personal particulars were er, etc.)  ss.  sworn, say that I am the	(Mother, etc.)  (Born alive, stillborn)  (First n  (First n  Address  AFFIDA  (Mother, etc.)	Date  Date  Transit does not sign in Item 25.)  Date 1
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we that personal particulars were er, etc.)  ss.  sworn, say that I am the	(Mother, etc.)  (Born alive, stillborn)  (First n  (First n  Address  AFFIDA  (Mother, etc.)	Date  Date  Transit does not sign in Item 25.)  Date 1
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we that personal particulars were er, etc.) ss.  sworn, say that I am the	(Mother, etc.)  IS CERTIFICATE  (Born alive, stillborn)  (First n  Address  AFFIDA  (Mother, etc.)  I have known this person for	Date  Date  Transit does not sign in Item 25.)  Present whose name appears in Item 4.  Years, and that
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we d that personal particulars were er, etc.) ss. sworn, say that I am the	(Born alive, stillborn)  furnished by	Date  Date  Trant does not sign in Item 25.)  Deprison whose name appears in Item 4.  years, and that  indexed) or (Canot be located).
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we d that personal particulars were er, etc.) ss. sworn, say that I am the	(Born alive, stillborn)  furnished by	Date  Date  Transit does not sign in Item 25.)  Date 1
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we d that personal particulars were er, etc.) ss. sworn, say that I am the	(Born alive, stillborn)  furnished by	Date  Date  VIT  ant does not sign in Item 25.)  preson whose name appears in Item 4  years, and that liedessed) or (Canot be located)  years in item 4  Years and that  I further that is the presonance of the present
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we d that personal particulars were er, etc.) ss. sworn, say that I am the	(Mother, etc.) I have known this person for	Date  Date  VIT  ant does not sign in Item 25.)  portson whose name appears in Item 4  years, and that  iedeased) or (Canot be located)  iedeased or Canot be located in the property of the portson in Item 25.  I further is this birth recorded under Chapter 139.  Signature
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we that personal particulars were er, etc.) ss.  sworn, say that I am the  (Last name) cove are true to the best of my leading to the coverage.	(First notation)  (Address  AFFIDA  (To be completed when the attendation)  (Mother, etc.)  I have known this person for the completed with the complete com	Date  Date  Date  Transit does not sign in Item 25.)  prison whose name appears in Item 4  years, and that  indexessed) or (Cannot be located)  ye this bight resorded under Chapter 139  Signature  P. O. Address
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we that personal particulars were er, etc.) ss.  sworn, say that I am the  (Last name) cove are true to the best of my leading to the coverage.	(First notation)  (Address  AFFIDA  (To be completed when the attendation)  (Mother, etc.)  I have known this person for the completed with the complete com	Date  Date  Date  Transit does not sign in Item 25.)  prison whose name appears in Item 4  years, and that  indexessed) or (Cannot be located)  ye this bight resorded under Chapter 139  Signature  P. O. Address
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	attendant d the birth of this child, who we d that personal particulars were er, etc.) ss.  sworn, say that I am the  (Last name) cove are true to the best of my least this	(First notation)  (Address  Apridate  (Mother, etc.)  I have known this person for the completed when the attendation of the complete of the c	Date  Date  VIT  ant does not sign in Item 25.)  preson whose name appears in Item 4  years, and that  ledessed) or (Canot beloated)  years bight recorded under Chapter 139  Signature  P. O. Address  19
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	ATTENDANT d the birth of this child, who we that personal particulars were er, etc.) ss.  y sworn, say that I am the  (Last name) cove are true to the best of my least this	(First notation)  (Address  AFFIDA  (To be completed when the attendation)  (Mother, etc.)  I have known this person for the completed when the attendation of the complete co	Date  Date  Date  Transit does not sign in Item 25.)  prison whose name appears in Item 4  years, and that  indexessed) or (Cannot be located)  ye this bight resorded under Chapter 139  Signature  P. O. Address
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	ATTENDANT d the birth of this child, who we have that personal particulars were er, etc.)  ss.  sworn, say that I am the	(First n. Address  AFFIDA  (To be completed when the attendation of the (Mother, etc.)  I have known this person for (Is now of the Address)  (Is now of the Address)  (All and Address)  (All and Address)  AFFIDA  (Andress)  AFFIDA  (Is now of the Address)  (Is now of the Address)  (All and Address)  (All and Address)	Date  Date  VIT  ant does not sign in Item 25.)  portson whose name appears in Item 4  years, and that  years, and that  I further  iedeased) or (Cannot be located)  ye this birth recorded under Chapter 139  Signature  P. O. Address  c, residing at
24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	ATTENDANT d the birth of this child, who we have that personal particulars were er, etc.)  ss.  sworn, say that I am the	(First n. Address  AFFIDA  (To be completed when the attendation of the (Mother, etc.)  I have known this person for (Is now of the Address)  (Is now of the Address)  (All and Address)  (All and Address)  AFFIDA  (Andress)  AFFIDA  (Is now of the Address)  (Is now of the Address)  (All and Address)  (All and Address)	Date  Date  VIT  ant does not sign in Item 25.)  preson whose name appears in Item 4  years, and that  ledessed) or (Canot beloated)  years bight recorded under Chapter 139  Signature  P. O. Address  19

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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	3/8 /01 029 /33	o on all data all binth all milita abilds	State File No.371262
fie P	- · · · · · · · · · · · · · · · · · · ·	s as of date of birth of THIS child)  CATE OF BIRTH	Local Reg. No.
<u> </u>	-	E OF IDAHO	Reg. Dist. No.
ate in er Each o	1. PLACE OF BIRTH (All items at time of this birth) (a) County		THER (At time of this birth) (b) County
ertific Filing.	(c) Street Address or R.F.D. No		D. No
TED c	(e) Mother's stay BEFORE delivery: IN THIS county & years months day	(e) How long has MOTHER 3. RESIDENCE OF FATHER (ci	r lived in Idaho?yrs. ty, state) faluse Idaho
Mail COMPLETED 19. No charge for	4. FULL NAME Juy alden Lay	Lon (Month, da	th of Child Oct. 1-41. 1891
8 <sub>2</sub>	6. Sex Male Triplet If so be 1st, 2nd	, 3rd of Pregnacy	9. Legitimate?
ate. Mai r filing.	10. FULL Age at time or Race What of THIS birth 39 yr	16. FULL MAIDEN Magg	ie Ollphin  18. Age at time
rtific o, fo	or Race of THIS birth of THIS	s. or Race White	. or This dirth. yrs.
this ce , Idah	Occupation dator	Occupation You	Seate or threigh country)
ing 1 3oise, bin.	15. Industry or Business Industry	21. Industry or Business	Home
s, E	22. Name prophylactic used to prevent Ophthalmia Neonate	orum	
	23. Number of children of this mother: (a) At time of birt		Born alive and now living
on in al Stat ey ord	24. I HEREBY CERTIFY That I attended the birth of th	NT'S CERTIFICATE is child, who wasat. (Born alive, stillborn)	M. on the date
of Vit	and at the place stated above, and that personal particulated to this child as	culars were furnished by(First nam	(Last name) who is
ewrite reau cents	25. Attendant's M.I  OWN signature Mid	D. dwife Address	Date
ord typate Bu	State of Ss.	AFFIDAVIT to be completed wh	en the attendant does not sign m 25.
Rec to St	I, the undersigned, being first duly sworn, say that I am	(Mother etc.)	the person whose name appears
BLACK ostage	in Item 4, above that ham now years of ag	d this birth Casuat 10 to	o a line of the located) I further state that
nk or ASS po dvance	the facts on the certificate above are true to the best of a Chapter 139, 1937 Session Laws.	my knowledge, and that I desire to	have this birth recorded under
y BLACK In FIRST-CL/	(SEAL)	ay of ///////////////////////////////////	M Cow Zelq P.O. Address
Use on bearing	(Note: Perjury is punishable as a felony in Idaho; see  Received for filing on MAY 1.7.1943	10.	Registrar.

MAY 1 7 1943

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	CERTIFICATE STATE OF	F IDAHO	Local Reg. No
(a) County	(b) CityJULIAETTA Noernity Home:	(c) City Juliaetta (d) Street Address or R.F.I	(b) County Latah  O No
4 WILL STANKE	WILLIAM BAUER or If so—born	5. Date of Birti (Month, day 8. No. months	n of Child y, year) Sept. 8. 18 9. Legitimate? Yes
11. Color or Race Caucasian  13. Birthplace Wiscons  14. Exact Occupation Built  15. Industry or Business Construct  22. Name prophylactic used to p	(State or foreign country)  ler  lction  revent Ophthalmia Neonatorum.	17. Color or Race Caucasian  19. Birthplace FOX Le  (City or town)  20. Exact Occupation Housew  21. Industry or Business  d including this child 9 (b) B	(State or foreign country)
and at the place stated aborelated to this child as	I attended the birth of this chilve, and that personal particulars  (Mother, etc.)  M.D.	ld, who wasat (Born alive, stillborn) s were furnished by(First name	(Last name) who
OWN signature State of Oregon	)	AFFIDAVIT to be completed when in Item	25.
in Item 4, above, that I am now  Mrs. Meingossne  (First name)	years of age, tha 2r years of age, tha 2r years of age, tha (Last name) who attended this (Last name) ye are true to the best of my kn	(Mother, etc.) at I have known this person for s birth	years, and the located are this birth recorded und

(1937 Session Laws, Chapter 139, Section 4)

Un		√− I States					(			on is as	of date of bir	rth of TH	IS child.)		State	e File	No	3723
De	part	tment o	of Cor	nmerc	е	MAY	29	1943	CERTI	FICAT	e of bir'	TH				_	No	
Bu	reau	u of the	e Cen	sus						TATE O	f IDAHO						No	
1.	PL!	ACE O	F BIR	TH (A	l items	at tim	e of this	birth)			2. USUA							
	(a)	Count	у	A.d.	<u>1</u>		(b) C	ity	Bojse.	•••••	(a) Sta	zte	Idah	<u>Q</u>	(ъ) С	County.	Ada	<b>a</b>
	(c)	Street	Add	res <b>s</b> o	r R.F.D	. No		nu	ral		(c) Cit	tv	Boi	86				
	(d)	Name	of Ho	ospital	or Ma	ternity	Home:						ress or R					
										·······.	(4) 11-	ooi Add	1 - 10	#### 11	1	T.3 L O	fou	
		Mothe			<b>ORE</b> d	-		month		J								
<del>_</del> _		In TH	-			years				days	3. RESID	ENCE U						
4.		CHILI	D(	EO	RGE		W.	M	CINTYR	E			J. Dai	nth. do	IV. Ved	m Ju	ine 2	2, 18
			Ma.		7.	Twin	or			–born		8. No	. months		-2.			
6.	Sex	x	ma.			Triple			1st, 2:	nd, 3rd		of	Pregnanc				gitimate?	yes
10	. FU						. CHILD				16 PINT	MAIDE	78.T	OTHER				
10.		AME		Jos	eph	C.	McIr	ityre			16. FULL NAM		Ma.	ry E	. N	ewbe	nk <b>s</b>	
11.	. Co		1	Whi				at time			17. Color	• -	White		18.	Age at	time	ΣĮΤ
	OL	Race		********	*********	••••	of 7	HIS birt	h57	yrs.	or Ra	rce	1111 00			of THI	S birth	<u> </u>
13	. Bi	irthpla	ce	<u>C</u>	anad						19. Birth	place						souri
14	Fv	xact				or town)			foreign countr	y)	20. Exact			City or to		(8	state or fore	ign country
17.		ccupat	ion		Stor	ne N	asor	<u> </u>			Occu	ı pation		Ho	use	wife	<b>)</b>	
.15.		dustry			**						ZI. Indus	stry or						
	Βυ	usiness	3		Va	rio	us				Busin	ness		OWI	n ho	me		
	M	ome n	ronha	.1			ant Onh	the lunder 1										
22	. 111		robiti	actic	usea u	) breve	$m \sim m$	manna 1	neonatorum.									
											this child					d now	living	••••
									f birth and i	ncluding	this child					d now	living	
23	. N	umber	of ch	ildren	of this	mothe	er: (a) <i>I</i>	At time of	f birth and i	ncluding	this child	TE	(b)	Born a	live an			
23	. N	umber HEREE	of ch	ildren RTIFY	of this	mothe atten	r: (a) <i>I</i> ded the	At time of	f birth and in ATTEN this child, v	ncluding IDANT'S who was	certificat Bori	TE n al: Born alive,	ive	Born al	live an		М	
23	. Na	umber HEREE nd at t	of ch BY CE he pl	ildren RTIFY ace st	of this That	mother	er: (a) I ded the	birth of	f birth and in ATTEN this child, v	ncluding IDANT'S who was	certificat Bori	TE n al: Born alive,	ive	Born al	live an		М	on the
23	. Na	umber HEREE nd at t	of ch BY CE he pl	ildren RTIFY ace st	of this That	mother	er: (a) I ded the	birth of	f birth and in ATTEN this child, v	ncluding IDANT'S who was	this child CERTIFICAT BOT	TE n al: Born alive,	ive	Born al	live an		М	on the
23	. No	umber HEREE nd at t ho is n	of ch BY CE he pl	ildren RTIFY ace st	of this That	mother	r: (a) <i>I</i> ded the	birth of	f birth and is  ATTEN this child, v	ncluding  IDANT'S  who was  were fu	this child	TE n al: Born alive,	ive	Born al	live an		(Last n	on the
23	. N: . I l . ar . wl	HEREE  nd at the holis is in the standard	of ch BY CE he pl relate nt's	ildren ERTIFY ace st d as	of this That	mother	er: (a) I ded the	birth of	f birth and is  ATTEN this child, v l particulars	ncluding  IDANT'S  who was  were fu	certificat Bori	TE n al: Born alive,	ive	Born al	live an		М	on the
24	. No.	HEREE  nd at the ho is not the industrian  the industrian the industrian the industrian the industriant	of ch BY CE he pl relate nt's gnatu	ildren RTIFY ace st d as	of this	mother atten	ded the and that	birth of personal	f birth and is  ATTEN this child, v l particulars	ncluding  IDANT'S  who was  were fu	this child	TE n al: Born alive,	ive stillborn)	Born of	live an		(Last n	on the
23 24 25 Sto	. No	HEREE  Ind at the original of the control of the co	of charge of cha	ildren  ERTIFY  ace st d as  re	of this That	mother attended to the coverage of the coverag	ded the and that ther, etc.	birth of personal	f birth and is  ATTEN this child, v l particulars	ncluding  IDANT'S  who was  were fu	this child CERTIFICAT BOT (B rnished by Address	TE n al: Born alive,	ive stillborn) (Fir	st name)	at	I	(Last n	on the came)
23 24 25 Sto	. No	HEREE  Ind at the hois restricted to the hois	of charge of cha	RTIFY ace st d as re for	of this That	mother attended (Ma	er: (a) I ded the and that	birth of personal	f birth and in  ATTEN  this child, v  1 particulars  M  M	ncluding  NDANT'S  who was  were full  L.D.  lidwife	CERTIFICATE BOT 1 (Brnished by Address	TE n al:	ive stillborn) (Fir	Born a	at	I ot sign :	(Last n	on the came)
23 24 25 Sto	. Note that is a second of the country I,	HEREE  Tho is retendent  The is retendent  The image of the unitary of the unitar	of chest of	ace stad as  re for gned,	That ated atended aten	mother attention (Ma	er: (a) I ded the and that other, etc.	birth of personal	f birth and is  ATTEN  this child, v  I particulars  M  M  what I am the	ncluding IDANT'S who was were fu I.D. Idwife	CERTIFICAT BOT  (B rnished by  Address  To be comple	TE n al:	(b)  ive stillborn)  (Fin	st name)  DAVIT endant of the per	atdoes no	I ot sign :	(Last n	on the came)
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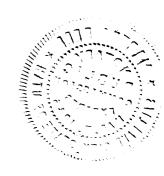
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(1937 Session Laws, Chapter 139, Section 4)

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	F BIRTH (All item	or at time of this	a hirth)	SIAIE O	2. USUAL RESIDENCE		g. Dist. No
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	Address or R.F.				(a) State Jac		County
	of Hospital or M			***************************************	(c) City Blo	omingt	
(4) 1.4110		atomity monitor			(d) Street Address	or R.F.D. No	
(e) Mothe	ers stary BEFORE	delivery:			(e) How long has	MOTHER lived in	n Idaho? 23
	is county 23	years 8	months	7 days			Bloomington
4. FULL NA	, went	ah Virg	ina S	Tallyer	5.	Date of Birth of (Month, day, ye	Child Oct. 18, 16
6. Sex #20	nale 7	'. Twin or <b>U</b> Triplet		If so—born 1st, 2nd, 3rd	8. No. mo of Preg		9. Legitimate? 4
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or Race	where		THIS birth	<b>₹</b> 8 yrs.	or Race.	re	of THIS birth
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(1937 Session Laws, Chapter 139, Section 4)



United :	States	035-819	(Be sure the		of date of birth of THIS of	hild.)	State File No	37252
-	nent of Comm				E OF BIRTH	1	Local Keg. No	
	of the Censu			STATE O			Reg. Dist. No	
1. PLA	CE OF BIRTH	(All items at time	of this birth)	hed ale	2. USUAL RESIDENCE			
	-	Persee			(a) State Idak	l <b>o</b> (	b) County N. 2	rerce
		s or R.F.D. No		***************************************	(c) City 11V6	d on a	ranch	
(d) 1	Name of Hosp	oital or Maternity	Home:		(d) Street Address			
		home		••••••				_
	Mothers stay In <b>THIS</b> count	BEFORE delivery:		,	(e) How long has			yr
					3. RESIDENCE OF FA	D . (Did	( (7) 1) 1	
OF (	CHILD De	lphina E	ther Cro	ckett	5.	Date of Birth o	year) Oct	12 18
	L'	7. Twin o	or	If so—born	8. No. mo	onths	year/	······································
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13 Bir	thplace. V	est brook	31 - 1 -	=	19. Birthplace			
		(City or town)	(State or fo	oreign country)	15. Birinpidee	(City or town)	(State or	foreign country)
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(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



3

-	816-214-044-395	372624 379694
₽\$°		s of date of birth of THIS child) State File No.
12.5	•	TE OF BIRTH Local Reg. No
FED certifi- filing. No	Bureau of the Census STATE	OF IDAHO Reg. Dist. No
COMPLETED daho, for filling or coin.	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
	(a) CountyWASHINGTON (b) CityIND.IANV.ALLEY	(a) State(b) County
355	(c) Street Address or R.F.D. No. IDARO.	(c) City
E 78	(d) Name of Hospital or Maternity Home:	(d) Street Address on B.E.D. No.
SAR	PARENTS HOME INDIAN VALLEY IDAMO	
OF L	(e) Mother's stay <b>BEFORE</b> delivery:  IN <b>THIS</b> county <b>9</b> years months days	(e) How long has MOTHER lived in Idaho?yrs.  3. RESIDENCE OF FATHER (city, NOTEN VALLEY, TOA.
ig "P	A WHITE W INTARABLE	E Date of District of Ontil 2
Z ig	OF CHILD Flora ELLEN HAWORTH	5. Date of Birth of Child (Month, day, year) March 14 1891
ate. , Bo oney	7. Twin or If so—bo	cn 8. No. months
25 85 G	6. Sex FEMALE Triplet 1st, 2nd, 3	rd of Pregnancy 9. Legitimate? YES
<b>海笠</b> 。	10. FULL	MOTHER OF CHILD
it it	NAME SYLVESTER HANORTH	16. FULL MAIDEN SUSIE LINDS
2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	11. Color 12. Age at time of THIS birth 44 yrs.	
# . b	or Race	or Race
	13. Birthplace (City or town) (State or foreign country)	19. Birthplace (City or town) (State or foreign country)
흡으	14 Event	20 Evact
울병	Occupation FARMING	Occupation IOUSENIFE
2 × 5	15. Industry or Business FARMING	21. Industry or Business
2 5 5		
2 Z E	22. Name prophylactic used to prevent Ophthalmia Neonatoru	
<u> </u>		nd including this child
ta ta		'S CERTIFICATE
# 0 g	24. I HEREBI CERTIFI That I attended the birth of thi	s child, who wasatM. on the date (Born alive, stillborn)  rs were furnished by, who is (First name)
\$ 4 E	and at the place stated above, and that personal particula	rs were furnished by, who is
N 86	related to this child as	(First name) (Last name)
5.5	related to this child as(Mother, etc.)	
t y i	25. Attendant's M.D. OWN signature Midwi	fe Address Date
	State of	
Reco CLAS Copy	County of ADAMS ss.	AFFIDAVIT to be completed when the attendant does not sign
855		in Item 25.
	I, the undersigned, being first duly sworn, say that I ar	n the SISTER of the person whose name appears
<b>ARE</b>	in Item 4 above, that I am nowyears of as	(Mother, etc.) (e, that I have known this person for 52 years, and that
<b>⊠</b> ≠ §		
9 3 4	(First name) (Last name)	is birth
A SE	the facts on the certificate above are true to the best of m. Chapter 139, 1937 Session Laws.	w knowledge, and that I desire to have this birth recorded under
	Enapter 159, 1994 Session Laws.	y U. Underson Signature
		<u>-</u>
Z ĕ E		INDIAN VALLEY IDANO. P. O. Address
ly BLAC envelop for filin	> Subscribed and syon to before me this	of, 19.43
E E	(SEAL) - J. / J. Marel	Notary Public, residing at INDIAN VALLEY
2 2 2	(Note: Perjury is punishable as a felony in Idaho; see So	Notary Public, residing at INDIAN VALLEY
Use only BLA cate in envelo charge for fill	Received for filing on	by Mail He of Registrar.
_ 0 0	JUN 15 1042	we de la
	- 1343	. 1

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child, or if neither father or guardian, or some person having direct knowledge in the premises.

ALE P

	255_206.001- nited States			f date of birth of THIS child			
	epartment of Commerce	(20 00.0	CERTIFICATE	OF RIRTH	Loca	7 37 File No	
	reau of the Census		STATE OF	<del>-</del>		Dist. No	
_	PLACE OF BIRTH (All item	as at time of this birth)		2. USUAL RESIDENCE C			
••		(b) City Bois	•	(a) State Idaho			
	<u>-</u>	.D. No		(c) City Boise	(b) C	ounty	
	(d) Name of Hospital or M			<del>-</del>		•	
	· · · · · · · · · · · · · · · · · · ·	t home		(d) Street Address or			
	(e) Mothers stay BEFORE			(e) How long has <b>M</b> 0	OTHER lived in	Idaho? 12	
	In THIS county 12		days	3. RESIDENCE OF FATE	ER (city, state)	Boise, I	daho
4.	FULL NAME	Mary Malan Brown	-11	5. D	ate of Birth of Ch	nild <b>Jan.</b> 6,	1891
		Mary Helen Benn		(1)	lonth, day, yea	r)	
6	Sex Female	7. Twin or Triplet <b>Neither</b>	If so—born 1st, 2nd, 3rd	8. No. month of Pregna		9. Legitimate?	Yes
<u></u>		THER OF CHILD	Ist, Zhu, oru	Or 1 regild	MOTHER OF C		
10.	FULL		•	16. FULL MAIDEN			
		A. Bennett		NAME MAIDEN			
11.	. Color	12. Age at time marican of THIS birth.	26	17. Color or Race <b>WhiteA</b>	18.	Age at time of THIS birth	20
13	Birthplace Ft. Lea	y or town) (State or fo	oreign country)	19. Birthplace Ft.	(City or town)	(State or forei	gn country
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(1937 Session Laws, Chapter 139, Section 4)



TImit.	8,84-1/フ・ロンS - ted States		formation is as of	date of birth of THIS child.)	State File No. 372833
	partment of Commerce		CERTIFICATE	· ·	Local Reg. No.
-	eau of the Census	•	STATE OF		Reg. Dist. No
	PLACE OF BIRTH (All items	at time of this birth)	Jillia OI		OTHER (At time of this birth)
1. <b>6</b>	(a) County A A h.O.	(b) City Gran	oeville	(a) State Idah	
	(c) Street Address or R.F.D				
	(d) Name of Hospital or Mat				Harm, Grangewil
,-	(u, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			(d) Street Address or R.F.	D. No
(€	(e) Mothers stay <b>BEFORE</b> de	elivery:		(e) How long has <b>MOTH</b>	ER lived in Idaho?
	In THIS county	years months	days	3. RESIDENCE OF FATHER	
	of CHILD Ray	nathaniel	Churc	5. Date (Mont	of Birth of Child file /7 189 h, day, year) file /7 189
6 9	Sex male	Ťwin or Triplet	If so-born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? Yes
0. 5		ER OF CHILD	181, 2110, 010		THER OF CHILD
10.	FULL II and fel	los of the last of		16. FULL MAIDEN D. 00	0111
	NAME TY WWW. AL	vyu, y nuu			
	Color While	12. Age at time of THIS birth	L > vra	17. Color White	18. Age at time 9.8 of THIS birth
	18.5 a 46 7 as E	ura Illimoise		19. Birthplace Mlay	Samestour Indias
	Birthplao (City	or town (State or foreign	gn country)	_ (Ci	for town) (State or foreign country)
	Exact Occupation Larm	0.00		20. Exact Jaww	· // # /
	Occupation A.W.UVVC Industry or	<u> </u>		21. Industry or	000 90001
	Business			Business	
	N		1000		
'''			otonim Ulifu	usia	
22.	Name prophylactic used to	prevent Ophthalmia Neon	atorum	his shild 9 (b) B	orn allies and now living allo
22. 23.	Number of children of this	mother: (a) At time of birt	h and including t	his child (b) B	_
23.	Number of children of this	mother: (a) At time of birt	h and including the ATTENDANT'S C	his child $\mathcal{A}$ (b) B CERTIFICATE	orn alive and now living
23.	Number of children of this	mother: (a) At time of birt	h and including the ATTENDANT'S C	his child $\mathcal{A}$ (b) B CERTIFICATE	orn alive and now living
23. 24.	Number of children of this  I HEREBY CERTIFY That I	mother: (a) At time of birt  I attended the birth of this	h and including to ATTENDANT'S C child, who was	his child (b) B  CERTIFICATE  (Born alive, stillborn)  ished by	orn alive and now living
23. 24.	Number of children of this  I HEREBY CERTIFY That I  and at the place stated ab	mother: (a) At time of birt I attended the birth of this cove, and that personal par	h and including to ATTENDANT'S C child, who was	his child (b) B  CERTIFICATE  (Born alive, stillborn)  ished by	orn alive and now living
24.	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	mother: (a) At time of birt I attended the birth of this cove, and that personal par	h and including the ATTENDANT'S Canal Cana	his child (b) B CERTIFICATE  (Born alive, stillborn) ished by (First	name) (Last name)
23. 24. 25.	Number of children of this  I HEREBY CERTIFY That I and at the place stated ab who is related as	mother: (a) At time of birt I attended the birth of this cove, and that personal par	h and including the ATTENDANT'S Cachild, who wasticulars were furn M.D.	his child (b) B  CERTIFICATE  (Born alive, stillborn)  ished by	orn alive and now living
24.	Number of children of this  I HEREBY CERTIFY That I and at the place stated ab who is related as  Attendant's OWN signature	I attended the birth of this cove, and that personal par (Mother, etc.)	h and including the ATTENDANT'S Canal Cana	his child	name) (Last name)
23. 24. 25.	Number of children of this  I HEREBY CERTIFY That I and at the place stated ab who is related as	I attended the birth of this cove, and that personal par (Mother, etc.)	h and including the ATTENDANT'S Carbild, who wasticulars were furnament.  M.D. Midwife	his child (b) B CERTIFICATE  (Born alive, stillborn) ished by (First  Address	name) (Last name)  Date
23. 24. 25. State	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	I attended the birth of this cove, and that personal par  (Mother, etc.)  ss.	h and including the ATTENDANT'S (Child, who wasticulars were furnament)  M.D.  Midwife	his child (b) B CERTIFICATE  (Born alive, stillborn) ished by (First  Address  AFFIDA be completed when the atten	name) (Last name)  Date  LVIT dant does not sign in Item 25.)
23. 24. 25. State	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	I attended the birth of this cove, and that personal par (Mother, etc.)	h and including the ATTENDANT'S (Child, who wasticulars were furnament)  M.D.  Midwife	his child (b) B CERTIFICATE  (Born alive, stillborn) ished by (First  Address  AFFIDA be completed when the atten Father of to	name) (Last name)  Date  LVIT dant does not sign in Item 25.)
23. 24. 25. State Cour	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	I attended the birth of this cove, and that personal par  (Mother, etc.)  ss.  first duly sworn, say that l	h and including the ATTENDANT'S Country were furn M.D. Midwife	his child (b) B CERTIFICATE  (Born alive, stillborn) ished by (First  Address  AFFIDA be completed when the citen Father of t	name)  (Last name)  Date  LVIT  dant does not sign in Item 25.)  ne person whose name appears in Item
23. 24. 25. State Cour	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	I attended the birth of this cove, and that personal par  (Mother, etc.)  ss.  first duly sworn, say that l	h and including the ATTENDANT'S Carlid, who was students were furnative M.D. Midwife	his child (b) B CERTIFICATE  (Born alive, stillborn)  ished by (First  Address  AFFIDA  be completed when the atten  Father of the complete of	name)  (Last name)  Date  AVIT  dant does not sign in Item 25.)  ne person whose name appears in Item  Since birth years, and
23. 24. 25. State Coun	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	mother: (a) At time of birt  I attended the birth of this cove, and that personal par  (Mother, etc.)  is.  first duly sworn, say that l yenty—Eight year	h and including the ATTENDANT'S Country of the A	his child (b) B  CERTIFICATE  (Born alive, stillborn)  ished by (First  Address  AFFIDA  be completed when the atten  Father of the Mother, etc.)  ave known this person for the whole attended this birth.  (Is now	name)  (Last name)  Date  LVIT  dant does not sign in Item 25.)  ne person whose name appears in Item  Since birthyears, and  deceased) or (Cannot be located)
23. 24. 25. State Coun	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	mother: (a) At time of birt  I attended the birth of this cove, and that personal par  (Mother, etc.)  is.  first duly sworn, say that l yenty—Eight year	h and including the ATTENDANT'S Country of the A	his child (b) B  CERTIFICATE  (Born alive, stillborn)  ished by (First  Address  AFFIDA  be completed when the atten  Father of the Mother, etc.)  ave known this person for who attended this birth.  (Is now	name)  (Last name)  Date  LVIT  dant does not sign in Item 25.)  ne person whose name appears in Item  Since birthyears, and  deceased) or (Cannot be located)
23. 24. 25. State Coun	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	mother: (a) At time of birt  I attended the birth of this cove, and that personal par  (Mother, etc.)  is.  first duly sworn, say that l yenty—Eight year	h and including the ATTENDANT'S Country of the A	his child (b) B  CERTIFICATE  (Born alive, stillborn)  ished by (First  Address  AFFIDA  be completed when the atten  Father of the Mother, etc.)  ave known this person for who attended this birth.  (Is now	name)  (Last name)  Date  AVIT  dant does not sign in Item 25.)  The person whose name appears in Item  Since birth years, and deceased) or (Cannot be located)  The presence of the property
23. 24. 25. State Coun	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	mother: (a) At time of birt  I attended the birth of this cove, and that personal par  (Mother, etc.)  is.  first duly sworn, say that l yenty—Eight year	h and including the ATTENDANT'S Country of the A	his child (b) B  CERTIFICATE  (Born alive, stillborn)  ished by (First  Address  AFFIDA  be completed when the atten  Father of the Mother, etc.)  ave known this person for who attended this birth.  (Is now	name)  (Last name)  Date  LVIT  dant does not sign in Item 25.)  ne person whose name appears in Item  Since birth years, and  deceased) or (Cannot be located)  nye this birth recorded under Chapter  Signa
23. 24. 25. State Country above 1937	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	I attended the birth of this cove, and that personal par (Mother, etc.)  ss. first duly sworn, say that least the coverage of	h and including the ATTENDANT'S Cohild, who was ticulars were furn.  M.D. Midwife  (To am the	his child (b) B  CERTIFICATE  (Born alive, stillborn)  ished by (First  Address  AFFIDA  be completed when the atten  Father of the Mother, etc.)  ave known this person for who attended this birth.  (Is now	name)  (Last name)  Date  LVIT  dant does not sign in Item 25.)  ne person whose name appears in Item  Since birth years, and  deceased) or (Cannot be located)  nye this birth recorded under Chapter  Signa
23. 24. 25. State Country above 1937	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	I attended the birth of this cove, and that personal par (Mother, etc.)  ss. first duly sworn, say that least the coverage of	h and including the ATTENDANT'S Cohild, who was ticulars were furn.  M.D. Midwife  (To am the	his child (b) B  CERTIFICATE  (Born alive, stillborn)  ished by (First  Address  AFFIDA  be completed when the atten  Father of the Mother, etc.)  ave known this person for who attended this birth.  (Is now	name)  (Last name)  Date  LVIT  dant does not sign in Item 25.)  ne person whose name appears in Item  Since birth years, and  deceased) or (Cannot be located)  nye this birth recorded under Chapter  Signa
23. 24. 25. State Country above 1937	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	mother: (a) At time of birt  I attended the birth of this cove, and that personal par  (Mother, etc.)  is.  first duly sworn, say that l yenty—Eight year	h and including the ATTENDANT'S Cohild, who was ticulars were furn.  M.D. Midwife  (To am the	AFFIDATE  (Born alive, stillborn)  ished by  (First  Address  AFFIDATE  (Mother, etc.)  indive known this person for the completed when the attention of the complete when	name)  (Last name)  Date  AVIT  dant does not sign in Item 25.)  ne person whose name appears in Item  Since birth years, and deceased) or (Cannot be located)  mye this birth recorded under Chapter with the birth recorded
23. 24. 25. State Country above 1937	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	mother: (a) At time of birth of this lattended the birth of this cove, and that personal part (Mother, etc.)  ss. first duly sworn, say that I venty-Eight year (Last rificate above are true to the before me this 1st.	h and including the ATTENDANT'S Candid, who was students were furn.  M.D. Midwife  (To am the second and the second age, that I have best of my known and the second and th	AFFIDATE  (Born alive, stillborn)  ished by (First  Address  AFFIDATE  Address  AFFIDATE  (Mother, etc.)  indive known this person for the completed when the attent (Mother, etc.)  who attended this birth (Is now wledge, and that I desire to he completed when the complete when the attent of the complete when the comp	Date  Note the person whose name appears in Item  Since birth years, and in deceased) or (Cannot be located) are this birth recorded under Chapter by this birth recorded under Chapter by the person whose name appears in Item  Since birth years, and in the person whose name appears in Item  Since birth years, and in the person whose name appears in Item  Since birth person whose located are the person whose name appears in Item  Since birth person whose located are the person whose name appears in Item  Since birth person whose name appears in Item  All the person whose name appears in Item  Since birth person whose name appears in Item  All the person whose name appears in Item  Since birth person whose name appears in Item  All the person whose name appears in Item  Since birth person whose name appears in Item  All the person whose name appears in Item  All t
23. 24. 25. Starte Course above 1937	Number of children of this  I HEREBY CERTIFY That I and at the place stated at who is related as	I attended the birth of this cove, and that personal par (Mother, etc.)  Ss. first duly sworn, say that I venty—Fight year (Last rificate above are true to the before me this 1st.	h and including the ATTENDANT'S Candid, who was students were furn.  M.D. Midwife  (To am the second and the second age, that I have best of my known and the second and th	AFFIDATE  (Born alive, stillborn)  ished by (First  Address  AFFIDATE  Address  AFFIDATE  (Mother, etc.)  indive known this person for the completed when the attent (Mother, etc.)  who attended this birth (Is now wledge, and that I desire to he completed when the complete when the attent of the complete when the comp	name)  (Last name)  Date  AVIT  dant does not sign in Item 25.)  ne person whose name appears in Item  Since birth years, and deceased) or (Cannot be located)  mye this birth recorded under Chapter with the birth recorded

(1937 Session Laws, Chapter 139, Section 4)





	914:202-029-915		374160
₽ °	United States (Be sure the information is as	of date of birth of THIS child)	State File No. 374168
12.	- · · · · · · · · · · · · · · · · · · ·	TE OF BIRTH	Local Reg. No
filing.	Bureau of the Census STATE C	F IDAHO	Reg. Dist. No
8	1. PLACE OF BIRTH (All items at time of this birth)		IOTHER (At time of this birth)
	(a) CountyLATAH >> 6 (b) CityTroy	(a) StateIdaho	(b) CountyLatah
i for	(c) Street Address or R.F.D. No. RFD -no number	(c) City Troy	
	(d) Name of Hospital or Maternity Home: At home		o. No. <b>RFD-nonumber</b>
COMI Idaho, er or c	(e) Mother's stay <b>BEFORE</b> delivery:		R lived in Idaho?yrs.
	IN THIS county 2 years 3 months 12 days	3. RESIDENCE OF FATHER	(city, state) Troy Idaho
Mail oise, l	4. FULL NAME OF CHILD Blanche Audrey Rambo Gran	5. Date of Bi (Month, days)	rth of Child ay, year) Mar 2nd 191
3. ₩ 5.	7. Twin or If so—born 6. Sex <b>@irl</b> Triplet <b>no</b> 1st. 2nd. 3rd	1 8. No. months	9. Legitimate? <b>Ves</b>
5 8 g	6. Sex girl Triplet no 1st, 2nd, 3rd	MOTHER (	
State",	10 PETER.	16. FULL MAIDEN 03.	Ann Randall
n ti	NAME William Leonard Rambo	NAME ULIVE	Ann Rangall
<u>∞</u> % 8	11. Color 12. Age at time of THIS birth24yrs.	17. Color or Race white	18. Age at time of THIS birth28yrs.
th ifty	13. Birthplace Maquon (City or town) (State or foreign country)	19. Birthplace De Witt (City or town)	Iowa
F. Viii		1 20 Exact	
t of e	Occupation Farmer	Occupation housew	ife
in in	15. Industry or Business Farming	21. Industry or # Business	
2 2 2			
E B	22. Name prophylactic used to prevent Ophthalmia Neonatorum	1	n
ଅନ୍ତି ବ	23. Number of children of this mother: (a) At time of birth and		Born alive and now living. 3
tat var	ATTENDANTS	child who was	at Monthe date
F 0 g	24. I HEREBY CERTIFY That I attended the birth of this	(Born alive, stillborn	1)
a te	and at the place stated above, and that personal particular	s were furnished by(First name	, who is
ew]	related to this child as(Mother, etc.)	(1.15)	, (,
E SE	25. Attendant's M.D.		
5 W G	OWN signature Midwife	Address	Date
Recor CLASS copy 1	State of	<b>AFFIDAVIT</b> to be completed w in Ite	
KI Z	T the undersigned being first duly sworn say that I am	the mother of	the person whose name appears
AC EBS EBS	in Item 4, above, that I am now	(Mother, etc.) , that I have known this person	for <b>51</b> years, and that
E E	Dr. John Olson , who attended this (First name)		
<b>0.5</b> 5	the facts on the certificate above are true to the hest of my	knowledge, and that I desire to	have this birth recorded under
F Inl	Chapter 139, 1937 Session Laws.	z, Ann Pano	all Rambosignature
LACK elope filing.	Lewist	on. Idaho-RFD #2	P. O. Address
y BL enve for fi	Subscribed and sworn to before me this8thday o	f October	
only in ea	(SEAL) three how or	Notary Public, resi	ding at Lewiston, Idaho
e 01 16 ii 17 gr	(Note: Perjury is punishable as a felony in Idaho; see Sec	. 17-914, Idaho Code Annotated.	)
Use cate	Received for filing onJUN 3 0 1943	by Many JE2	Registrar.
	1943		7 -

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#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

846-229 004 255 Ped States State File No. 374269 envelope bearing copy requires an (Be sure the information is as of date of birth of THIS child.) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Bear Lake (b) City Montplier (a) State Idaho (b) County Bear Lake (c) City Montplier (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. born at home (e) Mothers stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) Montolier In **THIS** county 9 years months 5. Date of Birth of Child 4. FULL NAME (Month, day, year) Dec. 29, 1891 of Child Evelyn May Huff If so-born 7. Twin or 8. No. months single Female l st 6. Sex 9. Legitimate? y,es Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Kathrina Susan Beetschen George Eligah Huff 11. Color 12. Age at time 18. Age at time Age at time of THIS birth 23 yrs. 17. Color white white or Race or Race of THIS birth vrs. 13. Birthplace Marshalltown, Iowa, U. S. A. 19. Birthplace Earlabach Switzerland (State or foreign country) (State or foreign country) for filing. No (City or town) (City or town) 14. Exect 20. Exact H ousewife Occupation Carpenter Occupation.... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now living two ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of Oregon ss. **AFFIDAVIT** County of Multnomah (To be completed when the attendant does not sign in Item 25.) above, that I gir now seventy-three years of age, that I have known this person for fifty-two years, and that (First name) (Last name), who attended this birth deceased I further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth records under Chapter 139, 1937 Session Laws. 26th Mav Subscribed and sworn to before me this... Notary Public, residing at Portland 1946 (Note: Perjury is punishable as a follony in Idaho; see Sec. 17-914, Idaho Code Annotated. My commession expires "ar. 2, 

(1937 Session Laws, Chapter 139, Section 4)

(Be sure the information is as of date of birth of THIS child.) CERTIFICATE OF BIRTH Local Reg. No..... Department of Commerce Reg. Dist. No. Bureau of the Census STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (b) City... (b) County Cook (a) State (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? (e) Mothers stay **BEFORE** delivery: In THIS county months 3. RESIDENCE OF FATHER (city, state) days 4. FULL NAME 5. Date of Birth of Child OF CHILD. (Month, day, year)... Twin or If so—born No. months Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD NAME. Acre at time 17. Color 18. Age at time of THIS birth of THIS birth (City or town) (State or foreign country) 14. Exact 20. Exact Occupation. Occupation. 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum...... 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living..... ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... who is related as..... 25. Attendant's M.D. Address Date OWN signature. Midwife AFFIDAVIT (To be completed when the attendant does not sign in Item 25.) of the person whose name appears in Item 4. (Mother, etc.) years of age, that I have known this person for above, that I am now..... years, and that ....., who attended this birth. (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorder under Chapter 139, 1937-Session Laws. Subscribed and sworn to before me this... Note: Perjury Vis punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) JUL 6 - 1943 Received for Hing on.....

(1937 Session Laws, Chapter 139, Section 4)

553 22-036 795	<b>*</b>	374339
Department of Commerce Bureau of the Census	sure the information is as of date of birth of CERTIFICATE OF BIRTH STATE OF IDAHO	f THIS child) State File No
1. PLACE OF BIRTH (All items at time (a) County (b) (c) Street Address or R.F.D. No (d) Name of Hospital or Maternit (e) Mother's stay BEFORE delivery IN THIS county years  4. FULL NAME Mary Elviron (c) Twin or Triplet  6. Sex Lemale Tather OF CH	City Reversal (a) State  ty Home:  (b) City  (c) City  (d) Street  (e) How log  3. RESIDENCE  Lift so—born  1st, 2nd, 3rd  (a) State  (b) How log  3. RESIDENCE	Address or R.F.D. No
10. FULL Support Suppo	re at time 17. Color or Race. A 19. Birthplace (State or foreign country)	DEN Mary Eliza Preed  18. Age at time  of THIS birth 25 y  Transclin Edaho  (City or town) (State or foreign country)  1. Hause Wife
23. Number of children of this mother	er: (a) At time of birth and including this c  ATTENDANT'S CERTIFICATE  tended the birth of this child, who was (Born	hild (b) Born alive and now living.
and at the place stated above, as related to this child as	nd that personal particulars were furnished	by
in Item 4, above, that I am now	ly sworn, say that I am the (Mother, e years of age, that I have known who attended this birth (Is now de true to the best of my knowledge, and the day of Notary I	this person for all her light state the seased) or (Cannot be located) at I desire to have this birth recorded und signature.  Signature.  Public, residing at 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	a felony in Idaho; see Sec. 17-914, Idaho Coc	· · · · · · · · · · · · · · · · · · ·

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#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



Department of Commerce Bureau of the Census Bureau  2. USUAL RESIDENCE OF MOTHER (At time of this birth) (c) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? (d) Street Address	299 104019 41	C			<u>c</u>	171 <b>373</b>
PLACE OF BIRSH (All lignes at time of this birth)   (a) County   (b) City   (c) Street Address or R.P.D. No.   (c) Street Address or R.P.D. No.   (d) Name of the beptice of Morternity Home:   (d) Street Address or R.P.D. No.   (e) County   (e) City   (f) Street Address or R.P.D. No.   (e) How long has MOTHER lived in Idaho?   (e) City   (f) Street Address or R.P.D. No.   (e) How long has MOTHER lived in Idaho?   (e) City   (f) Street Address or R.P.D. No.   (e) How long has MOTHER lived in Idaho?   (e) City   (f) Street Address or R.P.D. No.   (e) How long has MOTHER lived in Idaho?   (f) Street Address or R.P.D. No.   (e) How long has MOTHER lived in Idaho?   (f) Street Address or R.P.D. No.   (f) Street Address or R.P.D. No.   (e) How long has MOTHER lived in Idaho?   (f) Street Address or R.P.D. No.   (f) Street Address or R.P.D. No.   (e) How long has MOTHER lived in Idaho?   (f) Street Address or R.P.D. No.   (f) Street Address or R.P.D. No.   (e) How long has MOTHER lived in Idaho?   (f) Street Address or R.P.D. No.   (f) Street Address or R.	United States	) (Be sure	the information is as	of date of birth of THIS ch	uild.) State 🗣	is hold
1. PLACE OF BURNY (All lignese at time of this birth) (a) County (b) City (c) Street Address or R.P.D. No. (d) Name of Hospital or Maternity Home:  (e) Mothers stay BEFORE delivery: In THIS county 1-2 years months  (e) Mothers stay BEFORE delivery: In THIS county 1-2 years  (e) Mothers stay BEFORE delivery: In THIS county 1-2 years  (e) Mothers stay BEFORE delivery: In THIS county 1-2 years  (e) Mothers stay BEFORE delivery: In THIS county 1-2 years  (e) How long has MOTHER lived in Idaho?  (e) How long has MOTHER lived in Idaho?  (f) Catty  (g) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?  (g) FORTH lived in Idaho?  (g) Catty  (h) County I Lived in Idaho?  (g) FORTH lived in Idaho?  (g) FO	Department of Commerce		CERTIFICAT	E OF BIRTH	Local R	eg. No
(c) Street Address or R.P.D. No. (d) Name of Hospital or Maternity Home:  (e) Mothers stry BEFORE delivery: months days in Hills county years of the Hospital or Maternity Home:  (b) Mothers stry BEFORE delivery: months days in Hills county years of the Hills own years of the person whose name appears in Her store that the certificate above are true to the best of my knowledge, and that I desire to havy jub but residually and the person whose name appears in lies and the proparation of this pirity county in Northern of the proparation of the proparation of the person whose name appears in lies and the person whose name appears in lies and the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the place stated above, and that personal particulars were furnished by the p	Bureau of the Census			F IDAHO	Reg. D	ist. No
(c) Street Address or R.F.D. No	1. PLACE OF BIRTH (All its	ms at time of this birth)	2.07	2. USUAL RESIDENCE	OF MOTHER (At time	of this birth)
(c) Street Address or R.F.D. No	(a) County CUST	(b) City	eseo-	(a) State Tace	(b) Cou	nty Curles_
(d) Street Address or R.F.D. No. (e) Mothers stry BEFORE delivery: months days  A FULL NAME OF CRILD OF CRILD OF CRILD OF ATTENDANTS  (City or town)  22. Name prophylactic used to prevent Ophthalmic Neonatorum 23. Number of children of this mother: (c) At time of birth and including this child.  ATTENDANT'S CERTIFICATE  (Mothers strong the present of the present of the property of the prevent of this child, who was.  (Mothers of R.F.D. No. (e) How long has MOTHER lived in Idaho? I Fact the following the property of Child Index, year)  (b) During of Child Index, year)  (Color Thiple Ist, 2nd, 3rd of Prepancy  (City or town)  (City or	(c) Street Address or R.J	F.D. No				-
(e) How long has MOTHER lived in Idoho?  When there stay BEFORE delivery: In THIS county for years months  A FULL NAME OF CRILD OF CRILD OF CRILD OF CRILD OF CRILD OF Thiplet  It so—born lst, 2nd, 3rd  In FULL MAIDEN MOTHER OF CHILD NAME  I. Color OF ROTHER OF CHILD  I. SHITP COLOR OF ROTHER OF CHILD  I. SHITP COLOR OF ROTHER OF R	(d) Name of Hospital or 1	Maternity Home:		<u>-</u>		
THIS county of a years months days 3. RESIDENCE OF FATHER (city, state) (A.D. A.D. A.D. A.D. A.D. A.D. A.D. A.D	**	***************************************				
5. Date of Bitth of Child of Control of Cont				(e) How long has 3. RESIDENCE OF FA	MOTHER lived in Ida THER (city, state)	
10. FULL 11. Age at time or Race 12. Age at time of THIS birth 13. Birthplace 14. Excet 15. Color 16. FULL MADEN 18. Age at time of THIS birth 17. The Color of Race 19. Birthplace 19. Excet 19. Excet 19. Color 19. Excet 19. Color 19. Excet 19. Color 19. Birthplace 19. Excet 19. Color 19. Birthplace 19. Excet 19. Coupction 19. Birthplace 19. Birthplace 19. Description 19. Birthplace 19. Birthplace 19. Excet 19. Coupction 19. Birthplace 19	4. FULL NAME	id lesse B	1 10			
6. Sex /// Calc	2 0	7. Twan or	If so—born	8. No. mor	oths 🔼	υγ
10. FULL NAME. 11. Color NAME. 12. Age at time of THIS birth. 13. Birthplace Markallany. 14. Exact (City or town) (State or foreign country) 15. Industry or Business 16. FULL MARDEN (City or town) (State or foreign country) 17. Color or Race. 18. Age at time of THIS birth. 19. Birthplace Markallany. 19. Birthplace Markallany. 10. Exact Occupation. 10. Industry or Business 10. Industry or Business 10. Industry or Business 11. Industry or Business 12. Name prophylactic used to prevent Ophthalmia Neonatorum. 19. Birthplace Markallany. 19. Birthplace Mark	6. Sex ///cle-		1st, 2nd, 3rd			Legitimate? / -
NAME 1. Color or Race	FA	THER OF CHILD	10 1		MOTHER OF CHIL	D /
11. Color or Race. 12. Age at time of THIS birth. 17. Color or Race. 18. Age at time of THIS birth. 17. Color or Race. 18. Age at time of THIS birth. 19. Sinthplace MCM Madium. 19. Si	10. FULL Hessey	Condan	Reinlean		Dage loss	1120000
of THIS birth		12 1	Musices	. ,		cp // www
13. Birthplace Managery (City or town) (State or foreign country) 14. Exact (Oxy or town) (State or foreign country) 15. Industry or Business 16. Industry or Business 17.000 (Dispersion of this mother: (a) At time of birth and including this child.  16. Industry or Business 17.000 (Dispersion of this mother) 17.000 (Dispersion of this mother) 18. Number of children of this mother: (a) At time of birth and including this child.  19. Birthplace Wanger (Oxy or town) (State or foreign country) 19. Country or Business 17.000 (Dispersion of this mother) 19. Description of Country of Business 17.000 (Dispersion of this mother) 19. Birthplace Wanger (Oxy or town) (State or foreign country) 20. Exact Oxecupation of Country of Business 21. Industry or Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum.  22. Number of children of this mother: (a) At time of birth and including this child.  23. ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (To be completed when the attendant does not sign in Item 25.)  28. I, the undersigned, being first duly sworn, say that I am the (Bother, etc.) of the person whose name appears in Item 25.  29. Attendant's (To be completed when the attendant does not sign in Item 25.)  20. I, the undersigned, being first duly sworn, say that I am the (Bother, etc.) of the person whose name appears in Item 25.  20. Attendant's (Bother, etc.) of the person whose name appears in Item 25.  20. Attendant's (Bother, etc.) of the person whose name appears in Item 25.  20. Attendant's (Bother, etc.) of the person whose name appears in Item 25.  20. Attendant's (Bother, etc.) of the person whose name appears in Item 25.  20. Attendant's (Bother, etc.) of the person whose name appears in Item 25.  20. Attendant's (Bother, etc.) of the person w	UZICIA UT					
14. Exact (City or town) (State or foreign country) Cocupation. (Cocupation. (Cocup	On N	0 <del>0</del>	P	0.0		MINDER
14. Exact   Cocupation.   Co				19. Birthplace.	(Chy or town)	(State or foreign country)
15. Industry or Business	14 Exact ~		·	20. Exact		, country
Business    Description   Business   Description   Business   Description   Business   Description   Business   Description   Business   Description   Business   Description   Business   Description   Business   Description   Business   Description   Business   Description   Business   Description   Business   Description   Business   Description   Business   Description   Business   Business   Description   Business   Description   Business   Business   Description   Business   Business   Description   Business   Business   Description   Business   Business   Business   Business   Description   Business   Bu		mes -	***************************************		Howard	<u></u>
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child.  ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was and at the place stated above, and that personal particulars were furnished by.  (First name)  (I Last name		Passag			12.00	•
23. Number of children of this mother: (a) At time of birth and including this child.  ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was and at the place stated above, and that personal particulars were furnished by (First name) (Last name)  who is related as (Mother, etc.)  25. Attendant's OWN signature Midwife  State of (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the (Mother, etc.)  above, that I am now (Mother, etc.) (To be completed when the attendant does not sign in Item 25.)  I, the undersigned being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item (Mother, etc.) (Mother, etc.) who attended this birth (First name)  (Is now deceased) (I				<del></del>	11000	
ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was	22. Name prophylactic used	d to prevent Ophthalmia	Neonatorum			The second secon
ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was	23. Number of children of t	his mother: (a) At time	of birth and including	this child tro-	(b) Born alive and n	ow living Yes
24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  and at the place stated above, and that personal particulars were furnished by (First name)  who is related as (Mother, etc.)  25. Attendant's (Mother, etc.)  State of (Mother)  State of (To be completed when the attendant does not sign in Item 25.)  I, the undersigned, being first duly sworn, say that I am the (Riother, etc.)  above, that I am now (First name) (Last name)  (First name) (Is now deceased) as (Cannot be leasted)  state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have his birth recorded under Chapter 1937 Session Laws.  Subscribed and storm to before me this day of (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)			<del></del>			
and at the place stated above, and that personal particulars were furnished by	24 I HERERY CERTIEV The	at I attended the birth o			at	M on the c
who is related as.  (Mother, etc.)  Attendant's  OWN signature  M.D. Address  Midwife   AFFIDAVIT  County of 53.77  County of 53.77  I, the undersigned, being first duly sworn, say that I am the 100 meters of age, that I have known this person for 100 meters of age, that I have known this person		at I ditended the built o	t tins clina, who was	(Born alive, stillbo	orn)	
who is related as	and at the place stated	above, and that person	al particulars were fu	rnished by	***************************************	
Affidation (Mother, etc.)  M.D. Address  M.D						
Affinance  State of					(First name)	(Last name)
State of					(First name)	(Last name)
County of \$3.77 Let \$5.5 (To be completed when the attendant does not sign in Item 25.)  I, the undersigned, being first duly sworn, say that I am the \$\frac{1000}{2000} \text{ (Mother, etc.)} \text{ of the person whose name appears in Item 25.)}  above, that I am now \$\frac{1000}{2000} \text{ (Mother, etc.)} \text{ (Mother, etc.)} \text{ of the person whose name appears in Item 25.)}  above, that I am now \$\frac{1000}{2000} \text{ (Mother, etc.)} \text{ of the person whose name appears in Item 25.)}  \$\text{ (Mother, etc.)} \text{ (Mother, etc.)} \text{ of the person whose name appears in Item 25.)}  \$\text{ (Mother, etc.)} \text{ (Is now deceased)}  (I	who is related as25. Attendant's			Address	(First name)	<b>,</b> ,
I, the undersigned, being first duly sworn, say that I am the Month of the person whose name appears in Iter (Mother, etc.)  above, that I am now years of age, that I have known this person for years, and (First name) (Last name) (Is now deceased) or (Cannot be leasted) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 1937 Session Laws.  Signal Subscribed and sworn to before me this day of Notary Public, residing at Motary Public, resi	who is related as25. Attendant's			Address	(First name)	<b>,</b> ,
I, the undersigned, being first duly sworn, say that I am the Month of the person whose name appears in Iter (Mother, etc.)  above, that I am now years of age, that I have known this person for years, and (First name) (Last name) (Is now deceased) or (Cannot be leasted) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 1937 Session Laws.  Signal Subscribed and sworn to before me this day of Notary Public, residing at Motary Public, resi	who is related as	(Mother, etc.)				<b>,</b> ,
above, that I am now years of age, that I have known this person for years, and  (First name) (Last name) (Is now deceased) so (Cannot be lossted)  state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 1937 Session Laws.  Signa  Subscribed and soorn to before me this day of (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	who is related as	(Mother, etc.)	Midwife		FFIDAVIT	Date
(First name)  (Last name)  (Last name)  (Last name)  (Is now deceased) or (Carnot be leasted)  state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 1937 Session Laws.  **COSA Justice**  **COSA Justice**  Signa 12 / Burtly 2 md Caut P.O. Add  Subscribed and sworn to before me this day of Notary Public, residing at Justice*  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	who is related as	(Mother, etc.)	Midwife (7	A completed when the	AFFIDAVIT attendant does not si	Date gn in Item 25.)
Subscribed and sworn to before me this.  Signal (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say	Midwife  (T)  that I am the	o be completed when the	FFIDAVIT attendant does not siof the person whose	Date gn in Item 25.) name appears in Item
Subscribed and sworn to before me this.  Signal (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say	Midwife  (T)  that I am the	o be completed when the	FFIDAVIT attendant does not siof the person whose	Date gn in Item 25.) name appears in Item
Subscribed and sworn to before me this.  Signal (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say	Midwife  (I)  that I am the	To be completed when the (Mother, etc.) have known this person	attendant does not si of the person whose for	Date gn in Item 25.) e name appears in Itemyears, and
Subscribed and sworn to before me this day of Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and sworn to before me this Notary Public, residing at Subscribed and Subscribed and sworn to before me this Notary Public, residing at Subscribed and Subsc	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say	Midwife  (I am the	To be completed when the (Mother, etc.) have known this person, who attended this birth	attendant does not siof the person whose for	Date gn in Item 25.) e name appears in Item
Subscribed and sworn to before me this day of Notary Public, residing at July (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say	Midwife  (I am the	To be completed when the (Mother, etc.) have known this person, who attended this birth	attendant does not siof the person whose for	Date gn in Item 25.) e name appears in Item
Subscribed and sworn to before me this day of hotary Public, residing at Jobbly U (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say	Midwife  (I am the	To be completed when the (Mother, etc.) have known this person, who attended this birth	attendant does not siof the person whose for	Date  gn in Item 25.) e name appears in Itemyears, and
Subscribed and sworn to before me this day of hotary Public, residing at Jobbly U (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say	Midwife  (I am the	To be completed when the (Mother, etc.) have known this person, who attended this birth	attendant does not siof the person whose for	Date  gn in Item 25.) name appears in Item years, and I fur mot be located) corded under Chapter
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say  rertificate above are true	Midwife  (I am the	To be completed when the (Mother, etc.) have known this person, who attended this birth	attendant does not siof the person whose for	Date  gn in Item 25.) name appears in Item years, and I fur mot be located) corded under Chapter
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say  rertificate above are true	that I am the	To be completed when the (Mother, etc.) have known this person, who attended this birth	attendant does not siof the person whose for	Date  gn in Item 25.)  name appears in Item years, and I fur mot be leasted) corded under Chapter
	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say  rertificate above are true	that I am the	To be completed when the Mother, etc.) have known this person, who attended this birth owledge, and that I desired	attendant does not siof the person whose for	pgn in Item 25.) name appears in Item years, and into be leasted) corded under Chapter Signa P. O. Add
Received for filing on JUL 1 2 1943 by Ward F. Regis	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say  rertificate above are true  to before me this	that I am the	(Mother, etc.) have known this person , who attended this birth owledge, and that I desire	attendant does not siof the person whose for	pgn in Item 25.) name appears in Item years, and into be leasted) corded under Chapter Signa P. O. Add
JUL 1 2 1943	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say  rertificate above are true  to before me this	that I am the	(Mother, etc.) have known this person , who attended this birth owledge, and that I desire	attendant does not siof the person whose for	pgn in Item 25.) name appears in Item years, and into be leasted) corded under Chapter Signa P. O. Add
	who is related as	(Mother, etc.)  ss.  ag first duly sworn, say  certificate above are true  to before me this	that I am the	(Mother, etc.) have known this person , who attended this birth owledge, and that I desire	attendant does not siof the person whose for	gn in Item 25.)  n name appears in Item years, and I fur mot be located) corded under Chapter P. O. Add

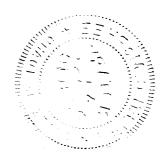
SHOL E T TOP

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	249 125040 - 751		24427A
2 8		as of date of birth of THIS child.)	Star 37.4 37.6
Ŧ,	Department of Commerce CERTIFIC	ATE OF BIRTH	Local Reg. No
형描	Bureau of the Census STATE	OF IDAHO	Reg. Dist. No
envelope bearing copy requires an	1. PLACE OF BIRTH (All items at time of this birth) (a) County. Shoshone (b) City. Wallace (c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MOTHE (a) State Idaho (c) City Wallace	
g R.	(d) Name of Hospital of Maderinty Home:	(d) Street Address or R.F.D. No	
COMPLETED certificate for filing. Each certifie	(e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county years months days	(e) How long has MOTHER liv	ed in Idaho? 44 60 yrs.
D cert Each	4. FULL NAME FRANK FORREST SMITH	5. Date of Birt (Month, da	h of Child y, year) February-25-18
MPLETE) Aling.	6. Sex Male  7. Twin or Triplet Single bir in 2nd, 3r	d 8. No. months of Pregnancy 9	9. Legitimate? Yes
<b>E E</b>	FATHER OF CHILD		OF CHILD
ខ្លួដ	10. FULL Paul Fred Smith	16. FULL MAIDEN Mabel P	ease
Mail	11. Color or Race White of THIS birth 30 yrs.	17. Color white	18. Age at time of THIS birth 20 yrs.
9 3	13. Birthplace Lilma 1111nois (City or town) (State or foreign country)	19. Birthplace AUFOFE (City or to	vn) (State or foreign country)
ficat No	14. Exact MANAGEMENT Merchant	20. Exact	
this certificate. er filing. No ch	Occupation Business General Mercantile	Occupation House - W 21. Industry or Business	116
to the	22. Name prophylactic used to prevent Ophthalmia Neonatorum		•
	23. Number of children of this mother: (a) At time of birth and include		
mpletin Idaho,			ve and now hving
ပို့ ဖွဲ့	24. I HEREBY CERTIFY That I attended the birth of this child, who w	T'S CERTIFICATE	at M on the date
면접		(Rom alive stillhorn)	.di on the date
	and at the place stated above, and that personal particulars were	(Born alive, stillborn)	.di
ο κ m	and at the place stated above, and that personal particulars were	(Born alive, stillborn) furnished by(First name)	(Last name)
ibbor ifics, P.	and at the place stated above, and that personal particulars were who is related as	(Born alive, stillborn) furnished by(First name)	(Last name)
er ribbon celistics, B coin.	and at the place stated above, and that personal particulars were who is related as	furnished by(First name)	(Last name)
ibbor ifics, P.	and at the place stated above, and that personal particulars were  who is related as(Mother, etc.)	furnished by(First name)  Address	(Last name)
ibbor ifics, P.	and at the place stated above, and that personal particulars were who is related as	furnished by(First name)  Address	(Last name)
Typewriter ribbor I Vital Statistics, order or coin.	and at the place stated above, and that personal particulars were who is related as	Address  AFFIDAVIT  (To be completed when the attendant d	(Last name)  Date  Description of the state
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(1937 Session Laws, Chapter 139, Section 4)



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9 8	United States		e information is as	s of date of birth of THIS child.)	State File No.37446	2
Ę z	Department of Commerce	1111 1 A 1045	CERTIFICAT	TE OF BIRTH	Local Reg. No	
ğ ğ	Bureau of the Census	JUL 1 4 1943	STATE C	OF IDAHO	Reg. Dist. No	
envelope bearing copy requires an	1. PLACE OF BIRTH (All	items at time of this birth)	1701	2. USUAL RESIDENCE OF MO	THER (At time of this birth)	
				(a) State sldaho	(b) County	
u o		R.F.D. No	***************************************	(c) City Coeurd	alene citis	
_	(d) Name of Hospital o	or Maternity Home:		(d) Street Address or R.F.D.	No	
## ##	(a) Mathana at an BEEC	NDE 1.12		(e) How long has MOTHER	•	1270
ific Ger	(e) Mothers stay <b>BEFC</b> In <b>THIS</b> county		s days	3. RESIDENCE OF FATHER (ci	- 1 · 1)	y.s.
D certificate in Each certified	4. FULL NAME MO	Lella Ramse	لا	5. Date of	Birth of Child day, year) /891 Jan	127
43	6. Sex Temal	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months	0	- /
COMPLETI for filing.	// ////	FATHER OF CHILD	181, 2110, 310		9. Legitimate?	_
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	NAME STAN	Villiam Ita	msev	NAME anna	a Jovania	
Mail large	11. Color or Race	12. Age at time of THIS birth.	32. vrs	17. Color white	18. Age at tithe 32	1770
	13. Birthplace Town	dian Coms C	Pian	19. Birthplace Mound	salle W.Va:	y15.
	•		oreign country)	(City	or town) (State or foreign cour	itry)
High N	14. Exact Occupation	unright		20. Exact	unk	
reri ng.	15. Industry or			Occupation 21. Industry or		
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g this certification for filing. No	22. Name prophylactic u	sed to prevent Ophthalmia N	eonatorum			
				g this child (b) Born		
completing this e, Idaho, for fil				S CERTIFICATE		
	24. I HEREBY CERTIFY	That I attended the birth of t	nis child, who wa	s	M. on th	e date
ii Soisi				(Born alive, stillborn)		
typewriter ribbon in k Vital Statistics, Bois order or coin.	and at the place stat	ed above, and that personal p	particulars were it	urnished by(First na	me) (Last name)	
F gich	who is related as	(Mother, etc.)	••••••			
er rib tatisti coin.	25. Attendant's	(Mother, etc.)	M.D.	Address	Date	
F S S	OWN signature	•	Midwife			
rpewi Vital rder (	State of	<u> </u>		AFFIDAV	I <b>T</b>	
	County of	ss.	(	To be completed when the attenda	nt does not sign in Item 25.)	
	I, the undersigned, b	eing firstduly sworn, say the	at I am the	n of the	person whose name appears in	Item 4.
Rec H e e	above, that I am new	(Y		(Mother, etc.) I have known this person for	52	ساد د ـ
ACK late Brants,	above, mai i am inv		ears or age, mar	I have known this person for	years, a	na that
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<b>₹</b> ₽9	(First name)	led-Wy-	est name)	, who attended this birth	cessed) or (Cannot be located)	further
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は も 製		(Lt) certificate above are true to	ist name)	(Is now de	ceased) or (Cannot be located) at this birth recorded under Chapter (Dec. 2014)	er 139,
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nk or I rge to of fifty	state that the facts on the 1937 Session Laws.	e certificate above are true to	ist name)	(Is now de	ceased) or (Cannot be located) at this birth recorded under Chapter (Dec. 2014)	er 139, nature
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(1937 Session Laws, Chapter 139, Section 4)

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	reau of the Cer			47.7. 3.7.43.3	SIAIE U	F IDAHO			Dist. No	
				this birth) ) City		2. USUAL RESIDE				•
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	(d) Name of H					(c) City	near Ha	laer		
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	(e) Mothers st				••••••	(e) How long	has <b>MOTHER</b>	lived in	Idaho?	
		unty 4		months	days	3. RESIDENCE OF				
	FULL NAME	Totto	1-0140	Determen	ــــــــــــــــــــــــــــــــــــــ		E D-41	Di-th -f C	YL :1.1	
	OF CHILD			Peterson			(Month,	day, ye	or) July 18	• T83T
6	Sex F.		. Twin or Triplet		If so—born 1st, 2nd, 3rd		. months Pregnancy	q.	9. Legitimate?	VAS.
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10.	. FULL					16. FULL MAIDE				
	NAME	Ole Pe			***************************************	16. FULL MAIDE NAME	Gertrude			n.
11.	. Color or Race	white	12.	Age at time of THIS birth	30	17. Color or Race	white	18.	Age at time of THIS birth	37
13.	. Birthplace	(City	or town)	Denmark (State or fore	ion country)	19. Birthplace	City	r town)	(State or for	eion country
14.	. Exact			-	•	20. Exact				
1 =		Par	ner	•			по	usewi	Ĉe .	•••••
15.	. Industry or Business					21. Industry or Business				
						240111000				
					th and including	this childOne.				
23.	. Number of cl	nildren of thi	s mother: (c	a) At time of bir	th and including	this childOne.	(b) Born	alive ar	nd now living	One
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(1937 Session Laws, Chapter 139, Section 4)

/ (// - / 0 6 ~ 6 United States	,44-445	/D 4- 4- 6				State File No. 3	759R9
				f date of birth of THIS			
Department of Comme	rce	C	ERTIFICATE			Local Reg. No	
Bureau of the Census	<del></del>		STATE OF		·····	Reg. Dist. No	
		ouncil I	daho	(a) State Id	laho uncil	(At time of this birth (b) County	ehtag:
							ከለъሙ
(e) Mothers stay Bi In THIS county		unknown months	days	3. RESIDENCE OF 1	FATHER (city, sto	d in Idaho? unk nte) Council	Idaha
4. FULL NAME OF CHILD	leorge Eli	as Adams				of Child Decem	ber 6
6. Sex male	7. Twin or Triplet	no	If so—born 1st, 2nd, 3rd	8. No. n	nonths egnancy	9. Legitimate?	yes
	FATHER OF CH	IILD			MOTHER C	OF CHILD	
10. FULL Elie	as Adams			16. FULL MAIDEN	Nancy	7 Dunn	
NAME 11. Color or Race Wh	12.	Age at time <b>U</b> of THIS birth		NAME 17. Color or Race	white	18. Age at time	Unkno
13. Birthplace	United St	ates		19. Birthplace		of THIS birth	State
• • • • • • • • • • • • • • • • • • • •	(City or town)	(State or foreign	country)		(City or town	(State or for	eign country)
14. Exact Occupation	blacksmit	h		20. Exact	housewif	°a	
		Щ	••••••	Occupation 21. Industry or	HOGDOWEZ	. e	
io. inclisity of			,				
<ul><li>15. Industry or Business</li><li>22. Name prophylacti</li><li>23. Number of children</li></ul>	or this moder. (c	2, At time of birth	ATTENDANT'S	CERTIFICATE	(b) botti diive	e did now nving	
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(1937 Session Laws, Chapter 139, Section 4)

791-007,000-093 **United States** (Be sure the information is as of date of birth of THIS child.) State File No..... CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... AUG 1 6 1943 Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Fremont (b) City Heman (a) State Idaho (b) County Fremont (c) Street Address or R.F.D. No. (c) City Heman (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?....5.....yrs. (e) Mothers stay **BEFORE** delivery: months 3. RESIDENCE OF FATHER (city, state) In **THIS** county 4. FULL NAME 5. Date of Birth of Child Susan Alice Crabb (Month, day, year) 8/27/97 OF CHILD ..... If so-born 7. Twin or 8. No. months for filling. 6. Sex female 9. Legitimate? 9 Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Mary Elizabeth Sitton NAME Agro Palmer Crabb 18. Age at time 11. Color 12. Age at time 17. Color white of THIS birth 44 vrs. white of THIS birth 31 yrs or Race or Race..... 13. Birthplace Clinton Indiana \_\_\_\_\_ (State or foreign country) 19. Birthplace St. Joe (State or foreign country) Missouri (City or town) (City or town) 14. Exact 20. Exact Occupation farmer Occupation housewife 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE who is related as....(Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife **AFFIDAVIT** County of Fremont (To be completed when the attendant does not sign in Item 25.) (Mother, etc.) above, that I am now 61 years of age, that I have known this person for 52 years, and that Mrs Coxton , who attended this birth is deceased. I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have that birth recorded under Chapter 139. 1937 Session Laws. Cirhar Signature P. O. Address (SEAL)

(Note: Perjury is punishable as a felony in daho; see Sec. 17-914, Idaho code Annotated.)

AUG 16 1943 Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

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	nited States				of date of birth of Th	IIS child.)		te File No.	
De	epartment of Commerc	е	C		E OF BIRTH				
	reau of the Census			STATE OF					
1.	PLACE OF BIRTH (A	ll items at time of	this birth)		2. USUAL RESID				
	(a) County Onide				(a) State <b>I</b> .	daho	(b)	County Ox	ida
	(c) Street Address of			·	(c) City	Fairview	·		***************************************
	(d) Name of Hospita	-		]	-	•			
	(e) Mothers stay <b>BEI</b> In <b>THIS</b> county		months	days	3. RESIDENCE C				
<u></u>						5. Date of			M Triatio
4.	full name of child Pear	1 Smith		•••••	·	(Month	, day, ye	ear)Sept	ember 8,1
		7. I WIN OF		II so—porti	0. 144	o. months	_	_	•
6.	Sex Female	Triplet		1st, 2nd, 3rd	of	Pregnancy			ate? <b>yes</b>
10	. FULL	FATHER OF CH	IILD		16. FULL MAIDI	***	HER OF		
10.	NAME ISES	Smith			NAME	Betsy	Ann Be	temen	
11.	. Color White		Age at time		17. Color		18.	AGE OF TIM	Α
						White			rth. 26y
13.	B. Birthplace	lshire	Engla	and	19. Birthplace	Richmo	nd, Ut	ah	ar faraion country)
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	Name prophylactic     Number of children		a) At time of birth	and including					
<u>23.</u>	3. Number of children	of this mother: (c	a) At time of birth	and including	this child	(b) Bor	n alive a	nd now livi	ng <b>7</b>
<u>23.</u>	B. Number of children  I. I HEREBY CERTIFY	of this mother: (a	a) At time of birth the birth of this c	and including ATTENDANT'S hild, who was	this child 3 CERTIFICATE (Born alive	(b) Bor	n alive a	nd now livi	M. on the d
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23. 24. 25. Sto	Attendant's OWN signature  I. I the undersigned, i. Attendant's OWN signature  The undersigned, bove that I am now	That I attended tated above, and to (Mother, one)  One of this mother: (and to detect the content of the conten	the birth of this chat personal particular, etc.)  ss.  sworn, say that I converges	and including ATTENDANT'S hild, who was culars were fur M.D. Midwife  am the	CERTIFICATE  (Born alive mished by	, stillborn)  (First note that the attendance of the erron for	an alive of alive of alive of an alive of	Date	(Last name)  em 25.)  appears in Itemyears, and t
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23. 24. 25. Co	Attendant's OWN signature  I. the undersigned, bove, that I am now.  (First name)  attendant the facts on	of this mother: (of That I attended tated above, and to (Mother, one of the control of the contr	the birth of this chat personal particular, etc.)  ss.  sworn, say that I character was a second particular to the char	and including ATTENDANT'S hild, who was culars were fur M.D. Midwife  (T) cam the F)	CERTIFICATE  (Born alive mished by	(First note of the erson for	ame)  VIT cont does in the person via the person vi	Date not sign in It whose name	(Last name)  em 25.)  appears in Itemyears, and t
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23. 24. 25. Co	Attendant's  OWN signature  I. the undersigned, bove, that I am now.  (First name) ate that the facts on 137 Session Laws.	That I attended attended attended above, and to (Mother, one of the control of the control of the certificate above).	the birth of this can that personal particular, etc.)  ss.  sworn, say that I was years  (Last nave are true to the	and including ATTENDANT'S hild, who was culars were fur M.D. Midwife  (Tam the Finance	CERTIFICATE  (Born alive mished by	AFFIDA  on the attende  erson for  (Is now of desire to have  ITE, Idah	an alive of attack of the control of	Date not sign in It whose name (Cannot be I th recorded	em 25.) appears in Itemyears, and t I furt ocated) under Chapter 1
23. 24. 25. Co	Attendant's  OWN signature  I. the undersigned, bove, that I am now.  (First name) ate that the facts on 137 Session Laws.	That I attended attended attended above, and to (Mother, one of the control of the control of the certificate above).	the birth of this can that personal particular, etc.)  ss.  sworn, say that I was years  (Last nave are true to the	and including ATTENDANT'S hild, who was culars were fur M.D. Midwife  (Tam the Finance	CERTIFICATE  (Born alive rnished by	AFFIDA  on the attende  erson for  (Is now of desire to have  ITE, Idah	an alive of attack of the control of	Date not sign in It whose name (Cannot be I th recorded	(Last name)  em 25.) appears in Itemyears, and t
23. 24. 25. Co	3. Number of children  3. I HEREBY CERTIFY and at the place st who is related as. 3. Attendant's OWN signature ate of Idaho ounty of Madis I, the undersigned, bove, that I am now. (First name) ate that the facts on 337 Session Laws. Subscribed and sw	That I attended tated above, and to (Mother, one of the control of the control of the control of the certificate above or to before me	a) At time of birth the birth of this contact personal particular, etc.)  ss. sworn, say that I contact personal particular in the birth of this contact personal particular in the birth of this contact personal particular in the birth of th	and including  ATTENDANT'S hild, who was culars were fur  M.D. Midwife  (Tam the Formula Formu	CERTIFICATE  (Born alive mished by	AFFIDAVen the attendence of the erson for desire to have a figure of the control of the erson for the erson fo	ame)  VIT cont does not be person where the person we this birth.	Date not sign in It whose name (Cannot be I th recorded	em 25.) appears in Itemyears, and to cated) under Chapter 1Signat
23. 24. 25. Co	3. Number of children  3. I HEREBY CERTIFY and at the place st who is related as. 3. Attendant's OWN signature ate of Idaho ounty of Madis I, the undersigned, bove, that I am now. (First name) ate that the facts on 337 Session Laws. Subscribed and sw	That I attended tated above, and to (Mother, one of the control of the control of the control of the certificate above or to before me	a) At time of birth the birth of this contact personal particular, etc.)  ss. sworn, say that I contact personal particular in the birth of this contact personal particular in the birth of this contact personal particular in the birth of th	and including  ATTENDANT'S hild, who was culars were fur  M.D. Midwife  (Tam the Formula Formu	CERTIFICATE  (Born alive mished by	AFFIDAVen the attendence of the erson for desire to have a figure of the control of the erson for the erson fo	ame)  VIT cont does not be person where the person we this birth.	Date not sign in It whose name (Cannot be I th recorded	em 25.) appears in Itemyears, and tyears (Chapter 1)Signat
23. 24. 25. Co ab	3. Number of children  3. I HEREBY CERTIFY and at the place st who is related as. 3. Attendant's OWN signature ate of Idaho ounty of Madis I, the undersigned, bove, that I am now. (First name) ate that the facts on 337 Session Laws. Subscribed and sw	That I attended tated above, and to (Mother, one of the certificate above).  One of this mother: (of the certificate above).  One of the certificate above of the certifica	c) At time of birth the birth of this contains that personal particular, etc.)  ss.  sworn, say that I was a second particular that I was a second particular that I was a second particular to the second particular that I was a second particular tha	and including ATTENDANT'S hild, who was culars were fur M.D. Midwife  (Tam the For age, that I me) best of my kn	CERTIFICATE  (Born alive mished by	AFFIDAVen the attendence of the erson for desire to have a figure of the control of the erson for the erson fo	ame)  VIT cont does not be person where the person we this birth.	Date not sign in It whose name (Cannot be I th recorded	em 25.) appears in Itemyears, and tyeard) under Chapter 1

(1937 Session Laws, Chapter 139, Section 4)



United States Department of Commerce	(Be sure th		date of birth of THIS child		rte File No. 37	
Bureau of the Census		CERTIFICATE STATE OF I		_ <del>-</del>	cal Reg. No g. Dist. No	
	items at time of this birth) (.					
	(b) City Kend		(a) State Idaho			<b>a</b> h
(c) Street Address or	R.F.D. No. R.F.D.				can Ridge)	
(d) Name of Hospital o						
	<b>2</b>		(d) Street Address or		_	
(e) Mothers stay BEFO			(e) How long has <b>MC</b>			
In <b>THIS</b> county	1 years months	s days	3. RESIDENCE OF FATH	ER (city, state)	Kenrick (Am	erica
4. FULL NAME OF CHILD. Ern	est George Bashor		5. Do	ate of Birth of	Child 9/9/189	<sub>]</sub> R1dg
OI CIIIID	7. Twin or	If so—born	8. No. months	ionin, day, ye	∍cr)	<b></b>
6. Sex Male	Triplet	1st, 2nd, 3rd	of Pregnar		9. Legitimate?	Yes
	FATHER OF CHILD			MOTHER OF	CHILD	
10. FULL George	W. Bashor		16. FULL MAIDEN	lary Jane	Gwin	
11. Color White	12. Age at time	36			Are at time	
or Race		yrs.	17. Color White or Race	<b>4</b>	of THIS birth	38
13. Birthplace Johns'o	n City, Tennessee		19. Birthplace Johns	n City	Tennessee	
14. Exact	(City or town) (State or i	foreign country)	20. Exact	(City or town)	(State or forei	gn country
Occupation Far	mer		Occupation	sewife		
15. Industry or	•	İ	21. Industry or		•	
Business Far	ming	I	Business hor	10	·· <del>·</del>	
	sed to prevent Ophthalmia N					
	sed to prevent Ophthalmia N f this mother: (a) At time of	birth and including th	is child			
23. Number of children of	f this mother: (a) At time of	birth and including the	is child	) Born alive a	nd now living7	
<ul><li>23. Number of children of</li><li>24. I HEREBY CERTIFY 1</li></ul>	If this mother: (a) At time of that I attended the birth of t	birth and including the ATTENDANT'S CI his child, who was	is child	) Born alive a	and now living	on the
<ul><li>23. Number of children of</li><li>24. I HEREBY CERTIFY T</li><li>and at the place state</li></ul>	f this mother: (a) At time of that I attended the birth of the ad above, and that personal	birth and including the ATTENDANT'S CI his child, who was	is child	) Born alive a	and now living	on the
<ul><li>23. Number of children of</li><li>24. I HEREBY CERTIFY T</li><li>and at the place state</li></ul>	f this mother: (a) At time of that I attended the birth of the ad above, and that personal	birth and including the ATTENDANT'S CI his child, who was	is child	) Born alive a	and now living	on the
23. Number of children of 24. I HEREBY CERTIFY I and at the place state who is related as	f this mother: (a) At time of that I attended the birth of the ad above, and that personal	birth and including the ATTENDANT'S Cl his child, who was particulars were furnis	is child	) Born alive a	and now living	on the
<ul> <li>23. Number of children of</li> <li>24. I HEREBY CERTIFY Tand at the place state who is related as</li> <li>25. Attendant's</li> </ul>	f this mother: (a) At time of that I attended the birth of the ad above, and that personal	birth and including the ATTENDANT'S Cl his child, who was particulars were furnis	is child	) Born alive a	and now living	on the
<ul> <li>23. Number of children of</li> <li>24. I HEREBY CERTIFY To and at the place state who is related as</li> <li>25. Attendant's OWN signature</li> </ul>	f this mother: (a) At time of That I attended the birth of the dabove, and that personal  (Mother, etc.)	birth and including the  ATTENDANT'S CI his child, who was  particulars were furnis	is child	) Born alive a	and now living	on the
23. Number of children of the control of the place state who is related as  25. Attendant's OWN signature  State of	f this mother: (a) At time of that I attended the birth of the ad above, and that personal (Mother, etc.)	birth and including the  ATTENDANT'S CI his child, who was  particulars were furnis	is child	) Born alive a	M.  (Last na	on the
23. Number of children of the control of the place state who is related as	f this mother: (a) At time of That I attended the birth of the above, and that personal  (Mother, etc.)  Na	birth and including the  ATTENDANT'S CI his child, who was  particulars were furnis	is child	) Born alive aat irst name)  IDAVIT tendant does r	Date  Date int Item 25.	on the
23. Number of children of 24. I HEREBY CERTIFY To and at the place state who is related as	f this mother: (a) At time of that I attended the birth of the dabove, and that personal  (Mother, etc.)   12 23 35 35 36 36 36 36 37 38 38 38 38 38 38 38 38 38 38 38 38 38	birth and including the  ATTENDANT'S CI his child, who was  particulars were furnis  M.D. A  Midwife  (To it	is child	) Born alive a	Date  Date 1.5 Date 25. Whose name appears	on the
23. Number of children of the control of the place state who is related as	this mother: (a) At time of that I attended the birth of the dabove, and that personal  (Mother, etc.)  12 23 35 26 26 27 27 28 28 29 20 20 21 21 22 21 22 22 23 24 25 26 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	birth and including the  ATTENDANT'S CI his child, who was  particulars were furnis  M.D. A  Midwife  (To it at I am the	(Born alive, stillborn) shed by (F  ddress  AFF  co completed when the at  the r  (Mother, etc.)  rve known this person for	irst name)  IDAVIT tendant does r of the person v nearly	Date  not sign in Item 25.  whose name appearance 52.	on the
23. Number of children of the control of the place state who is related as	this mother: (a) At time of that I attended the birth of the ad above, and that personal (Mother, etc.)  (Mother, etc.)  ss.  eing first duly sworn, say the 62  Rothwell	birth and including the  ATTENDANT'S CI his child, who was  particulars were furnis  M.D. A Midwife  (To i	(Born alive, stillborn) shed by	DAVIT tendant does r for the person v nearly new-d	Date  not sign in Item 25.  whose name appear  52  yearsed	on the me)
23. Number of children of the control of the place state who is related as	this mother: (a) At time of that I attended the birth of the dabove, and that personal  (Mother, etc.)  na  ss.  eing first duly sworn, say the 62  Rothwell	birth and including the  ATTENDANT'S CI his child, who was  particulars were furnis  M.D. A  Midwife  (To it at I am the	(Born alive, stillborn) shed by (F  address  AFF  be completed when the at  the r  (Mother, etc.)  rve known this person for  the attended this birth.	irst name)  IDAVIT tendant does r of the person v nearly s now d	Date  CLast na  Date  not sign in Item 25.  whose name appear  52  yeceased  (Cannot be located)	on the  )  rs in Ite
23. Number of children of the control of the contro	this mother: (a) At time of that I attended the birth of the dabove, and that personal (Mother, etc.)  (Mother, etc.)  ss. eing first duly sworn, say the 62  Rothwell (Lagrangia ghove are true to the first duly grangia gra	birth and including the  ATTENDANT'S CI his child, who was  particulars were furnis  M.D. A  Midwife  (To it act I am the	(Born alive, stillborn) shed by (F  address  AFF  be completed when the at  the r  (Mother, etc.)  rve known this person for  the attended this birth.	irst name)  IDAVIT tendant does r of the person v nearly s now d	Date  CLast na  Date  not sign in Item 25.  whose name appear  52  yeceased  (Cannot be located)	on the  )  rs in Ite
23. Number of children of the control of the place state who is related as	this mother: (a) At time of that I attended the birth of the dabove, and that personal  (Mother, etc.)  (Mother, etc.)  ss.  eing first duly sworn, say the 62  Rothwell  (Controlling above are true to the CARY FUBLIC for the State of	M.D. A Midwife  ATT am the Drawers of age, that I have so the best of my know Montana.	(Born alive, stillborn) shed by (F  address  AFF  be completed when the at  the r  (Mother, etc.)  rve known this person for  the attended this birth.	irst name)  IDAVIT tendant does r of the person v nearly s now d	Date  CLast na  Date  not sign in Item 25.  whose name appear  52  yeceased  (Cannot be located)	on the me)  )  ors in Items, and  I fu  Chapter
23. Number of children of the control of the place state who is related as	this mother: (a) At time of that I attended the birth of the ad above, and that personal (Mother, etc.)  (Mother, etc.)  (Mother, etc.)  Ss.  eing first duly sworn, say the 62  Rothwell  (Latertificate above are true to RY FUBLIC for the State of Residing at Shelby, Montana	birth and including the  ATTENDANT'S CI his child, who was  M.D. A  Midwife  (To be note I am the	(Born alive, stillborn) shed by  ddress  AFF  co completed when the at  the r  (Mother, etc.) who attended this birth. I  ledge, and that I despite	irst name)  IDAVIT tendant does r of the person v nearly S now d now deceased) or between this bir	Date    Date   D	on the me)  ors in Items, and  Chapter
23. Number of children of the control of the place state who is related as	this mother: (a) At time of that I attended the birth of the ad above, and that personal (Mother, etc.)  (Mother, etc.)  ss. eing first duly sworn, say the 62  Rothwell (Latertificate above are true to Residing at Shelby, Montana ammusica Expires Decorpoor	birth and including the  ATTENDANT'S CI his child, who was  M.D. A  Midwife  (To it at I am the	(Born alive, stillborn) shed by  (Formalive, stillborn) shed by  (Formalive, stillborn) shed by  (Formalive, stillborn) shed by  (Formalive, stillborn) (Formalive, stillborn) shed by  (Formalive, stillborn) (Formalive, stillborn) shed by  (Formalive, sti	irst name)  IDAVIT tendant does r of the person v nearly s now-d to bave this bir	Date  Date  Date  Clast na  Date  Control of the process of the control of the co	on the me)  ors in Items, and  Chapter
23. Number of children of the control of the place state who is related as	this mother: (a) At time of that I attended the birth of the ad above, and that personal (Mother, etc.)  (Mother, etc.)  (Mother, etc.)  Ss.  eing first duly sworn, say the 62  Rothwell  (Latertificate above are true to RY FUBLIC for the State of Residing at Shelby, Montana	M.D. A Midwife  ATTENDANT'S CI his child, who was  M.D. A Midwife  (To it and I am the Draw years of age, that I had sat name) the best of my know Montana	is child	irst name)  IDAVIT tendant does r of the person v nearly S now d now decessed) or between this bir	Date  Clast na  Date  Tot sign in Item 25.  Whose name appear  52  yea  eceased  (Cannot be located)  th recorded under	on the me)  or in Items, and Chapter  Signo
23. Number of children of 24. I HEREBY CERTIFY I and at the place state who is related as	this mother: (a) At time of that I attended the birth of the ad above, and that personal (Mother, etc.)  (Mother, etc.)  (Mother, etc.)  Ss. Sing first duly sworn, say the 62 Certificate above are true to fix the State of Residing at Shelby, Montana commission Expires December in to before me this 200	M.D. A Midwife  ATTENDANT'S CI his child, who was  M.D. A Midwife  (To be cat I am the	is child	irst name)  IDAVIT tendant does r of the person v nearly S now d now decessed) or between this bir	Date  Date  Date  Clast na  Date  Control of the process of the control of the co	on the me)  or in Items, and Chapter  Signo
23. Number of children of 24. I HEREBY CERTIFY I and at the place state who is related as	this mother: (a) At time of that I attended the birth of the dabove, and that personal (Mother, etc.)  (Mother, etc.)  (Mother, etc.)  ss.  eing first duly sworn, say the 62  Rothwell  certificate above are true to the Residing at Shelby, Montana communator Expires Decorate in to before me this 2nd anishable as a felony in Idah	M.D. A Midwife  ATTENDANT'S CI his child, who was  M.D. A Midwife  (To be cat I am the	is child	irst name)  IDAVIT tendant does r of the person v nearly S now d now decessed) or between this bir	Date  Clast na  Date  Tot sign in Item 25.  Whose name appear  52  yea  eceased  (Cannot be located)  th recorded under	on the time)  or in Ite times, and time.  Chapter Signar

(1937 Session Laws, Chapter 139, Section 4)

	436-104035-53	3		377516
5 8	United States	(Be sure the information is as	of date of birth of THIS child.)	State File No
envelope bearing copy requires an	Department of Commerce	CERTIFICA'	TE OF BIRTH	Local Reg. No
궣井	Bureau of the Census		OF IDAHO	Reg. Dist. No.
ope becorderes	1. PLACE OF BIRTH (All items at time o	f this birth)	2. USUAL-RESIDENCE OF MC	
<u> </u>	(a) County Nez Perce (	b) City Lewiston		(b) County Nez Perce
enve	(c) Street Address or R.F.D. No		(c) City Lewiston	(b) County and many and a second
	(d) Name of Hospital or Maternity Ho		(c) City	
.E 78			(d) Street Address or R.F.D	. No
8 뜆	(e) Mothers stay <b>BEFORE</b> delivery:		(e) How long has MOTHE	R lived in Idaho? 3 vrs.
£ 5	In THIS county 3 years	months days	-	ity, state) Leviston. Idaho
ş d	A PIPER MERCE		5. Date o	f Birth of Child
Öğ	OF CHILD James Ellis	Meraddin	(Month	f Birth of Child March 4, 1891
<b>E</b> .	7. Twin or	If so—born	8. No. months	
MPLET filing.	6. Sex <b>Male</b> Triplet	lst, 2nd, 3rd	of Pregnancy	
윷끏	FATHER OF C	HILD		HER OF CHILD
s. Mail COMPLETED certificate in charge for filing. Each certified	NAME Charles Walter	McFaddin	16. FULL MAIDEN	ildred Kllis
<b>□</b> •	11 01	***************************************	12 6 1	10 8
N 6	or Race WILLES	of THIS birth 32 yrs.	or Race white	of THIS birth 25 yrs.
્રે ફ	13. Birthplace Beaumont, To	xas	19. Birthplace Flores	
g .	(City or town)	(State or foreign country)	(City	or town) (State or foreign country)
ğ Z	14. Exact Cattle rand	her	20. Exact	wife
i i	Occupation VAUGE PAIR  15. Industry or	Mer		MITA
a F	Business Cattle		21. Industry or Business Home	
3,			·	
F - C	22. Name prophylactic used to prevent	<del>-</del>		
휲정	23. Number of children of this mother:	(a) At time of birth and including	g this child	n alive and now living 2
BLACK Record typewriter ribbon in completing this certificate. State Burean of Vital Statistics, Boise, Idaho, for filing. No chy cents, money order or coin.		ATTENDANT'S	S CERTIFICATE	
, e	24. I HEREBY CERTIFY That I attended	the birth of this child, who was	5	M. on the date
급병				
g eq	and at the place stated above, and	that personal particulars were fu	rnished by	(Tast name)
ξğ.	who is related as		(First in	tine) (Last name)
구두등	(Mothe	r, etc.)		
S to r	25. Attendant's  OWN signature	M.D.	Address	Date
# T C	X	Midwife		
P Z P	State of Texas		X AFFIDAY	
E 5	County of Terrell		To be completed when the attenda	ent does not sign in Item 25.)
2 2 2	-I, the undersigned, being first duly	sworn, say that I am the	Sister of the	person whose name appears in Item 4,
200				52 years, and that
M M S				
D # #	unknown		, who attended this birth Cann	ot be located I further eceased) or (Cannot be located)
E S	state that the facts on the certificate abo	(Last name)	Is now d)	eceased) or (Cannot be located)
유우뚩	1937 Session Laws.	ove the hue to the best of my ki		
la garage		•	mrs.a. C.	Signature Signature
<b>~</b> ~			Sanderson Texas	P. O. Address
2 2 2		2.13		
288	Subscribed and sworn to before me	this day of	September P	1943 , residing at Sanderson, Texas
A P I	(SEAL) County Judge	Terrell County	Texas Daxxxx	residing of Sanderson, Texas
급단함	(Note: Perjury is punishable as a	felony in Idaho; see Sec. 17-914	, Idaho Code Annotated.)	of a contrast of the territories and the second of the sec
Use only BLACK FIRST-CLASS pos advance paymen	SEP 1	4 1943		
~ 0				
SE B	Received for filing on		by Maly Ag	Registrar.

(1937 Session Laws, Chapter 139, Section 4)

	•	159-208.03	37-769								M9/12 000
envelope bearing copy requires an		aited States	,	(Be sure the info	rmation is as	of date	e of birth of T	HIS child.)	Stat	e File No	11001
ig s	De	partment of Commerce	,	CE	RTIFICAT	E OF	BIRTH				*****************
ğ i	Bu	reau of the Census		ė.,	STATE O	F IDA	НО		Reg	. Dist. No	
9 6	1.	PLACE OF BIRTH (All	items at time of th	nis birth)	~	2.	USUAL RESIL	ENCE OF M	IOTHER (At	time of this bi	rth) "
Y elo		(a) County OWY	(b)	City Three	Creek		(a) State	[daho	(b)	CountyQW	ylee
u do		(c) Street Address or	R.F.D. No	•••••			(c) City	Three	Creek	_	•••••
		(d) Name of Hospital	or Maternity Home	):			-				
5 tg				none							
볈		(e) Mothers stay <b>BEF</b> (					-				Oyrs.
# 2	-	In THIS county	9 years	months	days	3.	RESIDENCE C				Creek
COMPLETED certificate in for filing. Each certified	4.	of child Ida	Belle Be	rtschv				5. Date	of Birth of C	m Feb.	8, 1891
ᄗ		O1 011111111111111111111111111111111111	7. Twin or		If so—born	••••••		o. months	ii, day, ye.	u.,	
H č	6.	Sex Female	Triplet		lst, 2nd, 3rd			Pregnancy	9	9. Legitima	te? ves
E E			FATHER OF CHI	LD		1			THER OF C	CHILD	
ថ្លី ដ	10.	FULL NAME Adolph.	Bantanhy			16.	FULL MAID	EN T.On	isa Jai	ne Port	lock
□ <b>6</b>	11.	Color	12 Ă	ge at time $N$ O		17.	Color		10	<b>x</b>	
B 5		or Race White	₿ of	THIS birth	yrs.		or RaceWi			of THIS birth	22 yrs.
this certificate. Mail or filing. No charge	13	. Birthplace		Switze	rland	19.	. Birthplace	Emi	nett	Ida	ho
. de		· · · · · · · · · · · · · · · · · ·	(City or town)	(State or foreign	country)			(Ci	ty or town)	(State or	foreign country)
ific	14.	. Exact Occupation				20.	Exact	House	- Wife		
ig.	15.	. Industry or	Carlo Consulation and Advantage	W.4.4.W		21.	Industry or			······································	
		Business					Business				
for E	22	. Name prophylactic ı	isad to prevent Or	ohthalmia Neonate	omim						
ii .		. Number of children									_
completing e, Idaho, fa	20.	. Number of children	or this monter. (a)		TTENDANT'S			(D) D	om anve a	id now nving	
	0.4	t tieneny Centiev	The I was deal at						~+		M on the data
ပို့မွ	Ζ4.	. I HEREBY CERTIFY	inat i attended tr	ne birth of this ch	na, who was		(Born alive	, stillborn)			w. on the date
iter ribbon in Statistics, Bols		and at the place sta	ted above, and the	at personal partic	ulars were fu	rnishe	d by			······	
g,	_							(First	name)	(L:	ast name)
otisti		who is related as	(Mother, e	tc.)							
ž ž ž	25.	. Attendant's			M.D. Midwife	Add	ress			Date	
Record typewrit tureau of Vital S	. —	OWN signature			Midwife				-		-
ê ž f	Sto	ate of Idaho	7					AFFID?			
E 6 5	Co	ounty of	TTC.C	J			completed wh				
State Bureau	Ì	I, the undersigned, l	being first duly <b>sv</b>	vorn, say that I a	m theS.t.f	ep f	ather	of tl	ne person w	rhose name a	ppears in Item 4
Rec en	ab	ove, that I am now	86	veats	of age, that l	nave   have	Mother, etc.) known this p	erson for	52		vears, and that
ACK ate B	] ~~	Some?		Dovie	ago,a	<b>1</b>		2.1.13	Deceas	eđ	7 ( )
A to		Sarali (First name)	······	(Tast nam	e)	, who	attended this	birth(Is now	deceased) or	(Cannot be loca	1 further
E SE		ate that the facts on th	e certificate above	e are true to the l	pest of my kn	owled	ae, and that I	desire to he	ave this birt	h recorded un	der Chapter 139
		37 Session Lows.					N 55 . !!	$K_{\bullet}$	. e.a	id	Signature
対数数			2.								
Post			••	_		<b></b>	Puya 1.	TOD • 14	asning	ron	P. O. Address
BLACK I	!	Subscribed and swo	orn to before me/il	/ 10th	dayof	<b></b>	, Se	pt.		1943.	
ASS			9	10×510	A	to	100	Noter- D1-	lia socialis -	a Banna	eau, Ida.
T.CL	}	(SEAL) (Note: Perjury is pu	inishable as a tel	ony in Idaha sa	Sec. VIII		Code Annoto	notary Pub ited.)	nic, residing	ar. D.Marie	. <i>فى القىلىلى</i> و. اللينتية
SST	! —	<del></del>		<del>//</del>	0			no 1	11 0	•	
52.5	Re	eceived for filing on	••••••	SEP 6	343	ь <b>ў</b>		Mody !	YVO J.	 A	
									. W. A. I . I .	~	

in g

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

200 STORY 100 ST

Department of Commerce	(50 50		of date of birth of THIS child.) TE OF BIRTH	State File No.
Bureau of the Census			OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All it (a) County	C.F.D. No. R.J.C	hesterfield		OTHER (At time of this birth) (b) County 390000
(d) Name of Hospital or		••••••	(d) Street Address or R.F.I	D. No. 770
(e) Mothers stay <b>BEFOR</b> In <b>THIS</b> county		onths days	(e) How long has MOTHI 3. RESIDENCE OF FATHER (	~ 1/
4. FULL NAME Edwa	ird Simon t	folbrook	5. Date a	of Birth of Childapri/21, 189
6. Sex Male	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9 9. Legitimate? Kes
10. FULL JOH A	than Ho	1brook	16 FILL MAIDEN	HER OF CHILD. bell Simon
11. Color or Race whit	12. Age at ti		17. Color or Race white	18. Age at time 23
	cifúl Utak City or town) (Stal	e or foreign country)		fol Utah for town) (State or foreign count
15 Industry or	mer the	<u> </u>	20. Exact Occupation	sewife
22. Name prophylactic use	ed to prevent Ophthalm	ia Neonatorum 📑	7 ON E	
22. Name prophylactic use			<b>2</b>	orn alive and now living 10
<ul><li>22. Name prophylactic use</li><li>23. Number of children of</li></ul>		e of birth and including	this child 3 (b) Bo	an alive and now living
i i	this mother: (a) At time	of birth and including ATTENDANT'S	this child	1 ^
23. Number of children of 24. I HEREBY CERTIFY The and at the place states who is related as	this mother: (a) At time nat I attended the birth d above, and that person	of birth and including ATTENDANT's of this child, who was	this child. 3 (b) Bo CERTIFICATE	an alive and now living
23. Number of children of  24. I HEREBY CERTIFY The and at the place states who is related as	this mother: (a) At time nat I attended the birth d above, and that person	of birth and including ATTENDANT's of this child, who was	this child 3 (b) Bo B CERTIFICATE  (Born alive, stillborn)  arnished by	an alive and now living
23. Number of children of  24. I HEREBY CERTIFY THE and at the place states who is related as	this mother: (a) At time nat I attended the birth d above, and that person (Mother, etc.)	of birth and including  ATTENDANT'S  of this child, who was  anal particulars were for  M.D.  Midwife	this child 3 (b) Bo CERTIFICATE  (Born alive, stillborn)  urnished by (First r	arn alive and now living
23. Number of children of  24. I HEREBY CERTIFY The and at the place states who is related as	this mother: (a) At time nat I attended the birth d above, and that personal (Mother, etc.)	ATTENDANT'S  of this child, who was  onal particulars were for  M.D.  Midwife  s.	this child (b) Bo B CERTIFICATE  (Born alive, stillborn)  prinished by (First r  Address  AFFIDA  To be completed when the attend	malive and now living
23. Number of children of  24. I HEREBY CERTIFY THE and at the place states who is related as	this mother: (a) At time nat I attended the birth d above, and that personal (Mother, etc.)  Solve of the second state of the	ATTENDANT'S of this child, who was anal particulars were for M.D. Midwife  s.  y that I am the	this child (b) Bo  CERTIFICATE  (Born alive, stillborn)  Innished by (First r  Address  AFFIDA  To be completed when the attend  (Mother, etc.)  I have known this person (er. S.f.)	name)  (Last name)  Date  VIT  lant does not sign in Item 25.)  e person whose name appears in It  name birth wears, and
23. Number of children of  24. I HEREBY CERTIFY The and at the place states who is related as	this mother: (a) At time nat I attended the birth d above, and that personal (Mother, etc.)  (Mother, etc.)  sting first duly sworn, sate 7.5	ATTENDANT'S  ATTENDANT'S  of this child, who was  anal particulars were for  M.D.  Midwife  s.  y that I am the years of age, that	this child (b) Bo CERTIFICATE  (Born alive, stillborn)  unished by (First r  Address  AFFIDA  To be completed when the attend  (Mother, etc.)  I have known this person ter. \$1.  (Is now	malive and now living
23. Number of children of  24. I HEREBY CERTIFY The and at the place states who is related as	this mother: (a) At time nat I attended the birth d above, and that personal (Mother, etc.)  (Mother, etc.)  sting first duly sworn, sate 7.5	ATTENDANT'S  ATTENDANT'S  of this child, who was  anal particulars were for  M.D.  Midwife  s.  y that I am the years of age, that	this child (b) Bo CERTIFICATE  (Born alive, stillborn)  unished by (First r  Address  AFFIDA  To be completed when the attend  (Mother, etc.)  I have known this person ter. \$1.  (Is now	name)  (Last name)  Date  VIT  lant does not sign in Item 25.)  e person whose name appears in It  name birth wears, and
23. Number of children of  24. I HEREBY CERTIFY The and at the place states who is related as	this mother: (a) At time that I attended the birth d above, and that personal (Mother, etc.)  (Mother, etc.)  sting first duly sworn, so 75 certificate above are transfer.	ATTENDANT'S  ATTENDANT'S  of this child, who was  anal particulars were for  M.D.  Midwife  s.  y that I am the years of age, that	this child (b) Bo CERTIFICATE  (Born alive, stillborn)  unished by (First r  Address  AFFIDA  To be completed when the attend  (Mother, etc.)  I have known this person ter. \$1.  (Is now	make and now living
23. Number of children of  24. I HEREBY CERTIFY The and at the place states who is related as	this mother: (a) At time that I attended the birth a dabove, and that personal (Mother, etc.)  (Mother, etc.)  sting first duly sworn, so 75000 certificate above are transfer to before me this when the sworn is to before me this when the sworn is to before me this when the sworn is to before me this when the sworn is to before me this when the sworn is to before me this when the sworn is to before me this when the sworn is to before me this when the sworn is to before me this when the sworn is to before me this when the sworn is to before me this when the sworn is to before me this when the sworn is the sworn is to before me this when the sworn is	ATTENDANT'S of this child, who was anal particulars were for M.D. Midwife  s.  y that I am the	Attended this birth	man alive and now living

(1937 Session Laws, Chapter 139, Section 4)

249-208002-279 State File No. 378763 envelope bearing United States (Be sure the information is as of date of birth of THIS child.) Local Reg. No..... Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Adams (b) CityNew Meadow (a) State Idaho (b) County Adams (c) Street Address or R.F.D. No. NO. (c) City New Meadow (d) Name of Hospital or Maternity Home: none (e) How long has MOTHER lived in Idaho? 12 yrs. (e) Mothers stay BEFORE delivery: In THIS county months 3. RESIDENCE OF FATHER (city, state) Adams. Idaho days 5. Date of Birth of Child (Month, day, year)October 3,1891 4. FULL NAME PRUDENCE ELIZA SMITH OF CHILD 7. Twin or If so-born 8. No. months for filling. 6. Sex female single Triplet 1st, 2nd, 3rd 9. Legitimate? Ves of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN GEORGE WARREN SMITH NAME Sadie Zora Sprague NAME 11. Color 12. Age at time 18. Age at time for filing. No charge Color white of THIS birth 29 vrs. of THIS birth 18 yrs. or Race..... or Race..... 13. Birthplace Roseburg, Oregon, U.S.A. Bozeman, Montana
(City or town) (State or foreign country) 19. Birthplace..... (City or town) (State or foreign country) 14. Exact 20. Exact housewife Farmer Occupation..... Occupation.... 15. Industry or 21. Industry or farming Business Business none ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was **CORN ALIVE** at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by................................(First name) (I who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife **AFFIDAVIT** County of Markemish (To be completed when the attendant does not sign in Item 25.) (Mother, etc.) above, that I am now 54 years of age, that I have known this person for Aince hun but the following the first name) (Last name) (Last name) (Is now deceased) or (Cannot (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139. 1937 Session Laws. Subscribed and sworn to before me this..... Notary Public, residing at. (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on......SEP 23

(1937 Session Laws, Chapter 139, Section 4)

	295-203-001819	37880	9 378809					
ές	United States (Be sure the information is as	of date of birth of THIS child)	State File No					
ert.		TE OF BIRTH	Local Reg. No.					
8 <b>%</b>			Reg. Dist. No					
COMPLETED Jaho, for fillin or coin.	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MO						
Ę.	(a) County Uda (b) City Boise	(a) State dals (b	) County Mda					
HOLE	(c) Street Address or R.F.D. No		<u></u>					
8 3	(d) Name of Hospital or Maternity Home:		No					
64 4			lived in Idaho?yrs.					
	(e) Mother's stay BEFORE delivery: IN THIS county years months days	3. RESIDENCE OF FATHER						
H N	0 0 :	F D : 4 D:						
No Series	4. FULL NAME Office Bingman 7. Twin or If so-born	5. Date of Bird (Month, day	, year) Mar. 3. 1891					
sate.	6. Sex Jennes, Triplet 16 / 1st, 2nd, 3rd	of Pregnancy	MO 9. Legitimate?					
435	10. FULL \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	16. FULL MAIDEN	F CHILD					
rate a	NAME acob anderson Bingman	NAME CALDE G	Hannis					
5 th 2	11. Color / 12. Age at time //2 4	17. Color 0 4 18	3. Age at time 🧳 🥊					
d b	or Race of THIS birth yrs.	or Race	of THIS birthyrs.					
135	13. Birthplace Leauch Muyous	19. Birthplace Menchine (City or town)	(State or foreign country)					
45.4	(City or fown) (State or foreign country)	20 Event						
# 6 %	Occupation Turnu	Occupation Acuses	vye					
	15. Industry or Business Farming	21. Industry or Business	u					
852	Business CCVVCCC 4							
검절문	22. Name prophylactic used to prevent Ophthalmia Neonatorum	1 40						
0 0 0 0 0 0	23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living &							
S tags	ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was							
100	24, I HEREBY CERTIFY That I attended the birth of this	(Born alive, stillborn)	at on the date					
2 4 E	and at the place stated above, and that personal particular	s were furnished by	, who is					
WI B 8	related to this child as(Mother, etc.)	(First name)	(Last name)					
525	(Mother, etc.)							
525	25. Attendant's M.D. OWN signature Midwife	e Address	Date					
TOP 2								
Reco CLA	State of 10010 County of 10010	AFFIDAVIT to be completed who in Item						
H D S		2						
	I, the undersigned, being first duly sworn, say that I am	(Mother, etc.)	e person whose name appears					
SHE	in Item 4, above, that I am nowyears of age	e, that I have known this person f						
BH 8	WIR to Bauer, who attended this	s birth 1 Now der	I further state that					
9 14 4	(First name) (Last name)	(Is now deceased) or (Cannot.	be located)					
Ha is	the facts on the certificate above are true to the best of my Chapter 139, 1937 Session Laws.							
MA.	Chapter 139, 1957 Session Laws.	Sa & Bingmon	Signature					
	Parito 1	· Meridian, 500	0 D Address					
7 ja								
A H P	Subscribed and sworn to before me thisday o	f y rem ww						
E a a	(SEAL) to have to all	Notary Public, resid	ng at Bown & cloke					
9 9 1	(Note: Perjury is punishable as a felony in Idaho; see Sec	c. 17-914, Idaho Code Annotated						
Cat	Received for filing on	by Malul Kill	Registrar.					
	~ 0 1442	, , , , , , , , , , , , , , , , , , ,	<b>T</b>					

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# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

		367-103-044-262		=		378822378822	
envelope bearing copy requires an	Uni	ited States	(Be sure the infor	mation is as	of date of birth of THIS child.)	State File No	
	Department of Commerce CERTIFICA:		E OF BIRTH	Local Reg. No			
		reau of the Census		STATE O		Reg. Dist. No	
		PLACE OF BIRTH (All items at time of			2. USUAL RESIDENCE OF MO		
5 ₩		(a) County W. A. S. H. ING. T. O. M. (1)			(a) State IDAH	(b) County WASHING TO	
i d		(c) Street Address or R.F.D. No			(c) City O. L. A.		
4 m		(d) Name of Hospital or Maternity Hos	me:		_ · · · · ·	). No	
\$ <del>1</del>							
art fa		(e) Mothers stay <b>BEFORE</b> delivery:		•		R lived in Idaho? 6.0 yrs.	
D certificate Each certifi	<u></u>	In THIS county 7 years	months	days	3. RESIDENCE OF FATHER (	Elty, state) OLH, IDAHO	
	4.	OF CHILD JOHN, WIL		OGGI	SURN. (Month 8. No. months	f Birth of Child 13/1891	
COMPLETED for filing. E	6.	Sex /// ALE Triplet		st, 2nd, 3rd	of Pregnancy	9. Legitimate? Yes	
		FATHER OF C	HULD	<del></del> -		HER OF CHILD	
	10.	PITT T	$S \cap W \cap A$	BURN	16. FULL MAIDEN 77	A TAME PASTAN	
	13	NAME JOHN 44	Age at time		NAME 4412	A.JANE.BOSTON.	
Mail	11.	or Race WHITE	of THIS birth	y vrs.	or Race WHITE	18. Age at time of THIS birth yrs.	
.c	12					Y.COUNTY MISSOURI	
H o		Birthplace A. I. R. B. Y. V. I. L. (City or town)	(State or foreign c	ountry)	(City	or town) (State or foreign country)	
E S	14.	Exact PARMER	,		20. Exact	sewife.	
certificate. ing. No cl	15	Industry or			21. Industry or	3 E VV / 1 C .	
	10.	Business FARMING	Ì		Business		
r this for fil	22	22. Name prophylactic used to prevent Ophthalmia Neonatorum.					
P							
mpleti Idcho	20.	23. Number of children of this mother: (a) At time of birth and including this child					
	0.4	ATTENDANT'S CERTIFICATE					
ise C	24.	4. I HEREBY CERTIFY That I attended the birth of this child, who was					
a ig		and at the place stated above, and that personal particulars were furnished by					
8,		who is related as(Mother			(First n	ame) (Last name)	
音音音		(Mother	r, etc.)	<b></b>			
įξi	25.	Attendant's		M.D.	Address	Date	
2 E		OWN signature		Midwife			
e ž ė		rte of	> SS.		AFFIDA		
	Cot	unty of		- m	to be completed when the attend	•	
S B B		I, the undersigned, being first duly sworn, say that I am the					
調用	abo	ove, that I am now	O years o	fage, that ]	(Mother, etc.) [ have known this person for	years, and that	
nts CK		7/2	Dustan				
¥ # 8		(First name)	(Last name	e)	(Is now	leceased) or (Cannot be located)	
E O E			ove are true to the b	est of my kn	owledge, and that I desire to ha	ve this birth recorded under Chapter 139,	
2 6 2	193	37 Session Laws.			all of In	ine a colon	
t tag t					- CUSIN RAIN	1. 8.10 20	
			# XL		C TO THE	PO ACTOR	
BLACK I ASS post payment		Subscribed and sworn to before me	1	day of	Justin		
E E		(SEAL)	alam	محمول جا	Notary Publi	a residing at Boile Hal	
only ST-CL ance		(Note: Perjury is punishable as a	felony in Idaho; see	Sec. 17-914	Idaho Code Annotated.)	o, routing attention	
BS:	_		OCT 4	- 1943	. Walul Ha		
≓ E 8	Red	ceived for filing on			by the total	, Registrar.	

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2,00

(1937 Session Laws, Chapter 139, Section 4)

296-210022-693 envelope bearing (Be sure the information is as of date of birth of THIS child.) State File No. Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County tremont (b) City ESIN (a) State Idalio (b) County Fremon (c) Street Address or R.F.D. No. Egen (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. noue COMPLETED certificate for filling. Each certific (e) How long has **MOTHER** lived in Idaho?....2 (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) 6 gm Jolak In **THIS** county months 5. Date of Birth of Chald 4. FULL NAME C (Month, day, year) Jan. Twin or If so-born 8. No. months Triplet 1st, 2nd, 3rd 9. Legitimate? of Pregnancy FATHER OF CHILD MOTHER OF CHILD for filing. No charge 12. Age at time 18. Age at time of THIS birth of THIS birth. M2.55. (State or foreign country) (City or town (State or foreign country) 14. Exact Exact rasmer Occupation. Occupation..... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by..... who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife **AFFIDAVIT** County of Tremor (To be completed when the attendant does not sign in Item 25.) I, the understaned, being first duly sworn, say that I am the .... Siste of the person whose name appears in Item 4, (Mother, etc.) 58/F years of age, that I have known this person for...... above that I am now..... .....vears, and that , who attended this birth 12 Now deceased I further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this. Notary Public, residing at..... (Note: Periury is punishable as a felony in Idaho; see Sec. 17-91 Idaho Oode Annotated.) Received for filing on OCT S

(1937 Session Laws, Chapter 139, Section 4)



	789-112014 . 750	1	1 81	,		372004
envelope bearing copy requires an	United States	(Be sure the inform	nation is as of a	date of birth of THIS	child.) Sta	te File No.
ari Se	Department of Commerce	CEI	RTIFICATE (	OF BIRTH	Loc	al Reg. No
g H	Bureau of the Census		STATE OF I	DAHO	Req	J. Dist. No
e p	1. PLACE OF BIRTH (All items at	t time of this birth)		2. USUAL RESIDENCE	E OF MOTHER (At	time of this birth)
- S	(a) County Cenyon	(b) CityEmms	tt	(a) State I	daho w	County Canvon
P GO	(c) Street Address or R.F.D. 1	No		(c) City		laho
E C	(d) Name of Hospital or Materi	nity Home:		•		
6 i.	Private	+ Home		(d) Street Address	or R.F.D. No	
병표	(e) Mothers stay <b>BEFORE</b> deliv	very:				Idaho?yrs
# 8		ears months	days	3. RESIDENCE OF F	ATHER (city, state)	Emmett, Idaho
COMPLETED certificate in for filing. Each certified	4. FULL NAME OF CHILD Walter	Clyde Phillips		5	. Date of Birth of C	Child July 12, 1891
дй	O1 O111110	······································	soborn			ar) 20274
E 6			st, 2nd, 3rd	. 8. No.m.	gnancy 9	9. Legitimate? yes
2 =		OF CHILD		1.	MOTHER OF C	
Z <sup>4</sup>	10. FULL William War	dv Phillins		16. FULL MAIDEN		zabeth Perkins
ប្ដ	NAME	***************************************		NAME	President Liver End 2	
is certificate. Mail filing. No charge	11. Color or Race Write	12. Age at time of THIS birth 29		17. Color		Age at time of THIS birth 25 yrs
¥	13. Birthplace Marshall			or Race		
를 <sup>0</sup>	(City or t	own) (State or foreign co	untry)	19. Birthplace	(City or town)	(State or foreign country)
ğž	14. Exact	· · · · · · · · · · · · · · · · · · ·		20. Exact	Hong covi fo	
ır.	Occupation	). (1 b):		Occupation	Monsewrie	; **-**
2 <u>H</u>	15. Industry or Business			21. Industry or Business		
r f					· .	
completing this e, Idaho, for fil	22. Name prophylactic used to p	revent Ophthalmia Neonator	um			······
b tr	23. Number of children of this me	other: (a) At time of birth ar	nd including thi	s child4	. (b) Born alive ar	nd now living
mpletin Idaho,		AT	TENDANT'S CE	RTIFICATE		
0 °	24. I HEREBY CERTIFY That I a	ttended the birth of this child	d, who was		at	M. on the date
				(Born alive, still	born)	
g 3	and at the place stated abov	e, and that personal particul	ars were turnis	hed by	(First name)	(Last name)
ribbon in istics, Bois in.	who is related as	***************************************	ı.		(1 list hame)	(Last name)
ar ri aftis	25. Attendant's	(Mother, etc.)	M.D. A	ddress		<b>5</b>
Store	S OWN signature		Midwife	udress		Date
tail a		`				
ğ Z	State of Incha County of Cen	} ss.	/m 1		AFFIDAVIT	
4 g 4				e completed when th		
BLACK Record State Bureau o	I, the undersigned, being firs	st duly sworn, say that I am	theRO 671	(Mother, etc.)	of the person w	hose name appears in Item 4
	above, that I am now7.7.	years of	age, that I ha	ve known this person	<sub>a for</sub> 52	vears, and the
No. 4						ased I furthe
A to	(First name)	(Last name)	)		(Is now deceased) or	(Cannot be located)
# 0° ₽	state that the facts on the certific	ate above are true to the be	st of my knowl	edge, and that I desi	re to have this birt	n recorded under Chapter 139
8 7 3	1 1027 Catalan Laura		N	ANI: Wala TA	lisabeth	Phillips a
	1937 Session Laws.					
I to the			<i>L.J.</i> .2	Thurst to I		Mullips Signatur
CK Ink postag		<b>&amp;</b>	(J.) ex	Emmett, I	Paho	P. O. Addres
LACK Ink iS postagi ivment of		fore me hs 6th	day ki	Emmett, I		- Digitalia
BLACK Ink ASS postage		ore ne wis	day	October	iaho	P. O. Addres
nly BLACK ink -CLASS postag- ace payment of		Jargara		October  Note	ary Public, residing	- Digitalia
CK	Subscribed and sworn to bef (SEAL) (Note: Perjury is punishable	as a lelony in daho; see	Sec. 17-914, Ido	October , Noto tho Code Annotated.)	ary Public, residing	P. O. Addres
Use only BLACK ink FIRST-CLASS postag advance payment of		as a lelony in daho; see	Sec. 17-914, Ido	October , Noto tho Code Annotated.)	ary Public, residing	P. O. Addres

(1937 Session Laws, Chapter 139, Section 4)

. IIn	364 21301 aited States	6-822	(Re sure the info	rmation is as of	date of birth of T	HIC abild )	State	38046	4
_	partment of Commerce			RTIFICATE		ino cina.)		гие No Reg. No	••••••••
	reau of the Census		CE	STATE OF				•	
	PLACE OF BIRTH (All	Home of time of	this hinth) *	SIAIE OF	2. USUAL RESID	SENCE OF MO		Dist. No	
1.	(a) County		) City Titt	Basial	11				(1)
	(c) Street Address or			CALLORSAPIO	(a) State		(b) Co		
	(d) Name_of Hospital				(c) City	Ziti	Lee	10a	sin
	(d) Numer Hospital		Jon Ra	meh.	(d) Street Add	dress or R.F.D.	No		
	(e) Mothers stay BEF			22.3.04.0	(e) How long	has MOTHER	lived in Id	aho? 1	5
	In THIS county	years	months /	7 days	3. RESIDENCE C		_		O
4.	FULL NAME	1:-1	0 1:	·	7 1	5. Date of			Con ord
	OF CHILD.	uch C	Isnelia	1 70	سلماد		day, year).	// / . //	13 /
	~ <b>y</b> ' 1	7. Twin or		f so—born		o. months		I	
<u>o.</u>	Sex Zurl	Triplet		lst, 2nd, 3rd	of	Pregnancy		. Legitimate	? yes
10	FULL / / /	FATHER OF CH			16. FULL MAID		er of Chi	Ш	<i>a</i> .
10.	NAME	lian	U Jod	d)	NAME	ule	N A	. Le	rdus
11.	Color	12.	Age at time		17. Color	10 -	18. A	re at time	<i></i>
	or Race. Whi	the same	of THIS birth	yrs.	or Race	vnile	ee of	THIS birth	25
13.	. Birthplace	t///er	Ay Es	raland,	19. Birthplace	Ohfor	d	Dola.	ho
1.4	. Exact	(City or town)	(State or foreign o	cogntry)	00 15	(City o	r town)	(State or fo	reign country)
14.	Occupation 7	arm	ier	1	20. Exact Occupation	~ <i>*</i> <del>//</del> /	ma	- 21	M
15.	Industry or		$\circ$	4	21. Industry or			·····	
						, ,			2.0
	Business Ja	rme	of y Oras	rehing	Business	Po	me		AL.
	. Name prophylactic u	-	-	-	Bare	e ac	d		~
		-	a) At time of birth o	and including th	Bori dis child. 5	C Ac	alive and	now living	5
<u>23.</u>	Name prophylactic u	of this mother: (c	a) At time of birth o	and including th	Borunis child. 5 ERTIFICATE				
<u>23.</u>	. Name prophylactic u	of this mother: (c	a) At time of birth o	and including th	is child 5 ERTIFICATE				
<u>23.</u>	Name prophylactic u Number of children of	of this mother: (a	At time of birth of the birth of this chi	TTENDANT'S C	Born dive	atilhors)	at		
<u>23.</u>	Name prophylactic u Number of children of I HEREBY CERTIFY and at the place sta	of this mother: (a That I attended ted above, and t	At time of birth of the birth of this chi	TTENDANT'S C	Born dive	atilhors)	at		
<u>23.</u>	Name prophylactic u Number of children of I HEREBY CERTIFY and at the place sta	of this mother: (a That I attended ted above, and t	At time of birth of the birth of this chi	TTENDANT'S C	Born dive	atilhors)	at		M. on the d
23. 24.	Name prophylactic u Number of children of I HEREBY CERTIFY and at the place sta who is related as	of this mother: (a That I attended ted above, and t	At time of birth of the birth of this chi	and including the TTENDANT'S Could, who wasulars were furniture	is child 5 ERTIFICATE  (Born alive	atilhors)	at	(Last	M. on the d
23. 24.	Name prophylactic u Number of children of I HEREBY CERTIFY and at the place sta	of this mother: (a That I attended ted above, and t	At time of birth of the birth of this chi	and including the TTENDANT'S Could, who wasulars were furniture	Born dive	atilhors)	at		M. on the d
23. 24. 25.	Name prophylactic u Number of children of	of this mother: (a That I attended ted above, and t  (Mother,	At time of birth of the birth of this chi	mnd including the TTENDANT'S Could, who was	is child 5 ERTIFICATE  (Born alive	, stilibora) (First nas	ate)	(Last	M. on the d
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23. 24. 25. Sta	Name prophylactic u Number of children I HEREBY CERTIFY and at the place sta who is related as Attendant's OWN signature the of	of this mother: (c) That I attended ted above, and t  (Mother,	the birth of this chicket personal particutes.  sworn, say that I am years of the personal particutes.	mid including the state of age, that I had a state of the state of age, that I had a state of the state of age, that I had a state of the state of t	is child	AFFIDAVI on the attendar erson for	T t does not sperson whos	(Last Date ign in Item :	M. on the d
23. 24. 25. Sta	Name prophylactic u Number of children I HEREBY CERTIFY and at the place sta who is related as Attendant's OWN signature the of	of this mother: (c) That I attended ted above, and t  (Mother,	the birth of this chicket personal particutes.  sworn, say that I am years of the personal particutes.	mid including the state of age, that I had a state of the state of age, that I had a state of the state of age, that I had a state of the state of t	is child	AFFIDAVI on the attendar erson for	T t does not sperson whos	(Last Date ign in Item :	M. on the d
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24.  24. Sta Con about sta	Name prophylactic u Number of children I HEREBY CERTIFY and at the place sta who is related as Attendant's OWN signature atte of	of this mother: (c) That I attended ted above, and to (Mother, c)  Seing first duly so (Mother)	the birth of this chicket personal particular.  setc.)  ss.  sworn, say that I am  years of  (Last name)	mid including the state of age, that I have	is child	AFFIDAVI on the attendar erson for	T at does not sperson whose	Date ign in Item :	M. on the d
24.  24. Sta Con about sta	Name prophylactic u Number of children I HEREBY CERTIFY and at the place sta who is related as Attendant's OWN signature the of	of this mother: (c) That I attended ted above, and to (Mother, c)  Seing first duly so (Mother)	the birth of this chicket personal particular.  setc.)  ss.  sworn, say that I am  years of  (Last name)	mid including the state of age, that I have	is child	AFFIDAVI on the attendar erson for	It does not sperson whose seased or (Cathiris birth ref	Date ign in Item are name appropriate to the locate ecorded under	name)  25.) ecars in Item vecars, and t  I furt d) r Chapter 1
24.  24. Sta Con about sta	Name prophylactic u Number of children I HEREBY CERTIFY and at the place sta who is related as Attendant's OWN signature atte of	of this mother: (c) That I attended ted above, and to (Mother, c)  Seing first duly so (Mother)	the birth of this chicket personal particular.  setc.)  ss.  sworn, say that I am  years of  (Last name)	mid including the state of age, that I have	is child	AFFIDAVI on the attendar of the person for birth Acceptable to have	It does not sperson whose seased or (Cathiris birth ref	Date ign in Item to name appropriate the name appropriate the locate ecorded under	name) 25.) ears in Item years, and t
24.  24. Sta Con about sta	Name prophylactic u Number of children I HEREBY CERTIFY and at the place sta who is related as Attendant's OWN signature atte of	of this mother: (c) That I attended ted above, and to (Mother, c)  Seing first duly so (Mother)	the birth of this chicket personal particular.  setc.)  ss.  sworn, say that I am  years of  (Last name)	mid including the state of age, that I have	is child	AFFIDAVI on the attendar erson for	It does not sperson whose seased or (Cathiris birth ref	Date ign in Item to name appropriate the name appropriate the locate ecorded under	name) 25.) ears in Item years, and t
24.  24. Sta Con about sta	Name prophylactic under the control of children of children of children of children of children of the place state of the control of the cont	of this mother: (c) That I attended ted above, and to (Mother, company)  Mother, company of the	the birth of this chicket personal particulation (etc.)  ss.  sworn, say that I among the control of this chicket.	mid including the state of age, that I have	is child	AFFIDAVI on the attendar of the person for birth Acceptable to have	It does not sperson whose seased or (Cathiris birth ref	Date ign in Item to name appropriate the name appropriate the locate ecorded under	name) 25.) ears in Item years, and t
24.  24. Sta Con about sta	Name prophylactic use. Number of children of children of children of children of children of the place state of the signature of the of the control of the undersigned, it is that I am now the that the facts on the system of the signature of the	of this mother: (c) That I attended ted above, and to (Mother, company)  Mother, company of the	the birth of this chicket personal particulation (etc.)  ss.  sworn, say that I among the control of this chicket.	mid including the state of age, that I have	is child	AFFIDAVI en the attendar of the person for birth March acceptance to have	t does not so berson whose season or (Cathis birth re	Date ign in Item te name appropriate to locate to corded under	M. on the d
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23. 24. 25. Sta Con star star star star star star star star	Name prophylactic u Number of children I HEREBY CERTIFY and at the place sta who is related as Attendant's OWN signature atte of	of this mother: (a That I attended ted above, and t  (Mother,  being first duly s  e certificate above  rn to before me	the birth of this chicket hat personal particulate.)  ss. sworn, say that I am years of the birth of this chicket.	mid including the mid includin	is child. 5 ERTIFICATE  (Born alive shed by	AFFIDAVI en the attendar erson for birth March elsire to have	t does not so berson whose season or (Cathis birth re	Date ign in Item te name appropriate to locate to corded under	M. on the d
23. 24. 25. Sta Courth money order or colu-	Name prophylactic under the Number of children of children of the Number of children of the Number of the place state who is related as  Attendant's OWN signature of the of the Number of Numb	of this mother: (a That I attended ted above, and t  (Mother,  being first duly s  e certificate above  rn to before me	the birth of this chicket hat personal particulate.)  ss. sworn, say that I am years of the birth of this chicket.	mid including the mid includin	is child. 5 ERTIFICATE  (Born alive shed by	AFFIDAVI en the attendar erson for birth March elsire to have	t does not so berson whose season or (Cathis birth re	Date ign in Item te name appropriate to locate to corded under	M. on the d

78/ 6 10 2 7 1943

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

D	(Be sure the		of date of birth of THIS child	
Department of Commerce		CERTIFICAT		Local Reg. No
Bureau of the Census		STATE O		Reg. Dist. No
1. PLACE OF BIRTH (All item	s at time of this birth	80		F MOTHER (At time of this birth)
(a) County Ada	(b) City DOL	.00	(a) StateIdaho	(b) County Ada
(c) Street Address or R.F.I		LIU DI.	(c) City Bois	<b>e</b> 3
(d) Name of Hospital or Mo	ternity Home:		•	R.F.D. No. 906 Franklin St.
(e) Mothers stay <b>BEFORE</b> of			(e) How long has MC	OTHER lived in Idaho?
In THIS county	years months	days	3. RESIDENCE OF FATH	ER (city, state) Boise Idaho
A PILL NAME		<del></del>	5. D	gte of Birth of Child
OF CHILD SUSIE	Isabelle Poi			ate of Birth of Child Sept. 12, 189. Month, day, year)
7.	Twin or	If so—born	8. No. month	Ś
6. Sex Female	Triplet <b>no</b>	1st, 2nd, 3rd	of Pregnar	
	HER OF CHILD			MOTHER OF CHILD
10. FULL Samuel J.	ames Pointer		16. FULL MAIDEN.	tie E. Stillwell
11 Color	12 Age at time			
or Race White	of THIS birth.	28 yrs.	or Race. White	of THIS birth 31
13. Birthplace Knoxyi (City	lle. Ohio	_		iphan Co. Kansas
(City	or town) (State or fe	oreign country)	i	(City or town) (State or foreign country)
14. Exact Occupation Carp	enter		20. Exact	usewife
15. Industry or	×**.××**	•••••••••	Occupation 20 21. Industry or	WDON110
Business			Business	
22. Name prophylactic used to 23. Number of children of this				
23. Number of children of this	s mother: (a) At time of l	birth and including ATTENDANT'S	this child	o) Born alive and now living
<ul><li>23. Number of children of this</li><li>24. I HEREBY CERTIFY That</li></ul>	s mother: (a) At time of l	birth and including ATTENDANT'S his child, who was	this child	o) Born alive and now living 2
23. Number of children of this 24. I HEREBY CERTIFY That and at the place stated a	s mother: (a) At time of I  I attended the birth of the	birth and including ATTENDANT'S his child, who was	this child	b) Born alive and now living
<ul><li>23. Number of children of this</li><li>24. I HEREBY CERTIFY That</li></ul>	s mother: (a) At time of I  I attended the birth of the bove, and that personal p	birth and including ATTENDANT'S his child, who was	this child	D) Born alive and now living 2
23. Number of children of this 24. I HEREBY CERTIFY That and at the place stated a	s mother: (a) At time of I  I attended the birth of the	birth and including ATTENDANT'S his child, who was	this child	D) Born alive and now living
<ul><li>23. Number of children of this</li><li>24. I HEREBY CERTIFY That and at the place stated at who is related as F.8.</li></ul>	s mother: (a) At time of I  I attended the birth of the bove, and that personal p	birth and including ATTENDANT'S his child, who was particulars were fur	this child	James Pointer (Last name)
<ul> <li>23. Number of children of this</li> <li>24. I HEREBY CERTIFY That and at the place stated a who is related as F8:</li> <li>25. Attendant's OWN signature</li> </ul>	I attended the birth of the bove, and that personal parts.  (Mother, etc.)	birth and including ATTENDANT'S his child, who was particulars were fur	this child	James Pointer (Last name)  Date
23. Number of children of this 24. I HEREBY CERTIFY That and at the place stated a who is related asF8. 25. Attendant's OWN signature State ofCalifornia	I attended the birth of the bove, and that personal personal (Mother, etc.)	birth and including ATTENDANT'S his child, who was particulars were fur	this child	James Pointer (Last name)  Date
23. Number of children of this 24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal part (Mother, etc.)	birth and including ATTENDANT'S his child, who was particulars were fur	this child	Janes Pointer (Last name)  Date  TIDAVIT  Itendant does not sign in Item 25.)
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal part (Mother, etc.)  ss.  first duly sworn, say the	birth and including ATTENDANT'S his child, who was particulars were fur	this child	Date  TIDAVIT  Itendant does not sign in Item 25.)  of the person whose name appears in Item
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal part (Mother, etc.)  ss.  first duly sworn, say the	birth and including ATTENDANT'S his child, who was particulars were fur	this child	Date  TIDAVIT  Itendant does not sign in Item 25.)  To Born alive and now living. 2
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal parts (Mother, etc.)  ss.  first duly sworn, say the	ATTENDANT'S his child, who was particulars were fur M.D. Midwife  at I am the	this child (continued in the child continued	James Pointer (Last name)  Date  TDAVIT Itendant does not sign in Item 25.)  of the person whose name appears in Item 52
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal particles (Mother, etc.)  ss.  first duly sworn, say the particles (Lagrange etc.)	birth and including ATTENDANT'S his child, who was particulars were fur M.D. Midwife  (T at I am the	this child	James Pointer (Last name)  Date  TDAVIT  Itendant does not sign in Item 25.) of the person whose name appears in Item  52
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal particles (Mother, etc.)  ss.  first duly sworn, say the particles (Lagrange etc.)	birth and including ATTENDANT'S his child, who was particulars were fur M.D. Midwife  (T at I am the	this child	James Pointer (Last name)  Date  TDAVIT  Itendant does not sign in Item 25.) of the person whose name appears in Item  52
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal particles (Mother, etc.)  ss.  first duly sworn, say the particles (Lagrange etc.)	birth and including ATTENDANT'S his child, who was particulars were fur M.D. Midwife  (T at I am the	this child	Date  Date
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal particles (Mother, etc.)  ss.  first duly sworn, say the particles (Lagrange etc.)	birth and including ATTENDANT'S his child, who was particulars were fur M.D. Midwife  (T at I am the	this child	James Pointer (Last name)  Date  Date  TDAVIT  Itendant does not sign in Item 25.)  of the person whose name appears in Item  52 years, and the person whose name appears in Item  by the person whose name appears in Item  52 years, and the person whose name appears in Item  53 years, and the person whose name appears in Item  54 years, and the person whose name appears in Item  55 years, and the person whose name appears in Item  56 years, and the person whose name appears in Item  57 years, and the person whose name appears in Item  58 years, and the person whose name appears in Item  59 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  51 years, and the person whose name appears in Item  52 years, and the person whose name appears in Item  53 years, and the person whose name appears in Item  54 years, and the person whose name appears in Item  55 years, and the person whose name appears in Item  56 years, and the person whose name appears in Item  57 years, and the person whose name appears in Item  58 years, and the person whose name appears in Item  59 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  50 years, and the person whose name appears in Item  51 years, and the person whose name appears in Item  52 years, and the person whose name appears in Item  53 years, and the perso
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal parts (Mother, etc.)  ss.  first duly sworn, say the second parts duly sworn, say the second parts (Latificate above are true to	ATTENDANT'S his child, who was particulars were fur  M.D. Midwife  at I am the	this child	James Pointer (Last name)  Date  Date  TDAVIT  Itendant does not sign in Item 25.)  of the person whose name appears in Item  52
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal particle.  (Mother, etc.)  ss.  first duly sworn, say the particle.  (Latificate above are true to	M.D. Midwife  at I can the	this child	Date  Date
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal particle.  (Mother, etc.)  ss.  first duly sworn, say the particle above are true to before me this	M.D. Midwife  at I can the Factors of age, that I st name)  the best of my known and age of th	this child	James Pointer (Last name)  Date  TDAVIT Ittendant does not sign in Item 25.) of the person whose name appears in Item 52
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal particle.  (Mother, etc.)  ss.  first duly sworn, say the particle above are true to before me this	M.D. Midwife  at I can the Factors of age, that I st name)  the best of my known and age of th	this child	James Pointer (Last name)  Date  TDAVIT Itendant does not sign in Item 25.) of the person whose name appears in Item 52
23. Number of children of this  24. I HEREBY CERTIFY That and at the place stated a who is related as	I attended the birth of the bove, and that personal particle.  (Mother, etc.)  ss.  first duly sworn, say the strict duly sworn, say the strict duly sworn are true to before me this strict duly in Idah	M.D. Midwife  at I can the Farears of age, that I ast name) o; see Sec. 17-914,	this child	James Pointer (Last name)  Date  TDAVIT Itendant does not sign in Item 25.) of the person whose name appears in Item  52 years, and to be a seed or (Cannot be located) of have this birth recorded under Chapter 1 by County Signat  Language P. Addr

(1937 Session Laws, Chapter 139, Section 4)

962 - 228 - 044 United States	(Be sure the info	mation is as of date	of hirth of THIS		State File 1	380
Department of Commerce		RTIFICATE OF		<b></b>	Local Reg. 1	
Bureau of the Census	· · · · · · · · · · · · · · · · · · ·	STATE OF IDAH			Reg. Dist. 1	
1. PLACE OF BIRTH (All items	at time of this birth)	1 2 1	JSUAL RESIDEN	CE OF MOTH		
(g) County Washingt	on (b) City Indian	Valley,	a) State Idah			
(c) Street Address or RFT	). No					
(d) Name of Hospital or Ma		(	c) City	ndian_\	alley	
(d) Name of Hospital of Ma	•	(	d) Street Addres	s or R.F.D. No	)	
(-) M. d	**		e) How long ha			
(e) Mothers stay <b>BEFORE</b> d In <b>THIS</b> county	envery: years months		RESIDENCE OF F			
		days   0. x			1 ( (2) 1) 1	
4. FULL NAME Georgia	Vivian Ross	~~*********		(Month. do	ry, year)Dec	. 28,
7.	Twin or	if so-horn	8 No m	onths	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6. Sex female	Triplet single	lst, 2nd, 3rd 4th		gnancy		timate? $\mathbf{y}$
	ER OF CHILD			MOTHER	OF CHILD	
10. FULL James M. F	loss	16.	FULL MAIDEN NAME	Mintie	Stuteom	o n
11 C-1	30 8		NAME	WILLIOIG	Dougeam	211
or Bore White	12. Age at time 28	} ,,,,	Color or Race wh 1	te	18. Age at	birth 21
10 Pull Aghland	Oregon	yıs.	Birthplace Ga	11 mg Co		
13. Birthplace Ashland, (City	or town) (State or foreign	19.	Birthplace	(City or to	11103, 146	ate or foreign co
		1 711	Exact		•	
Occupation farme	<u></u>		Occupation ho	usewife	<u>}</u>	
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Business		·	Business	-		· · · · · · · · · · · · · · · · · · ·
22. Name prophylactic used to		orum				
		orum				
22. Name prophylactic used to	mother: (a) At time of birth o	orum	aild <b>4</b>			
22. Name prophylactic used to 23. Number of children of this	mother: (a) At time of birth o	orum  and including this ch	nild 4	(b) Born a	live and now li	ving 4
<ul><li>22. Name prophylactic used to</li><li>23. Number of children of this</li><li>24. I HEREBY CERTIFY That</li></ul>	mother: (a) At time of birth of At attended the birth of this ch	orum	rild	(b) Born a	live and now li	ving 4
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(1937 Session Laws, Chapter 139, Section 4)

	951-229 604 / 498		320450
₽₽	United States (Be sure the information is as	of date of birth of THIS child)	State File No. 380478
certifi g. N		E OF BIRTH	Local Reg. No
		F IDAHO	Reg. Dist. No
COMPLETED ce daho, for filing. r or coin.	1. PLACE OF BIRTH (All items at time of this birth)  (a) County Bear Lake (b) City Montpelier  (c) Street Address or R.F.D. No	(c) City Montpelie	b) County Bear Lake
COM daho,	(e) Mother's stay BEFORE delivery:	1	lived in Idaho?about 1 yrs.
	IN THIS county 1 years 1 months days		(city, state) montpelier, Ida
pleting this certificate. Me of Vital Statistics, Boise of tifty cents, money or	4. FULL NAME OF CHILD Alice Rizabeth Mary Reay 6. Sex female Triplet single 1st, 2nd, 3rd  FATHER OF CHILD  10. FULL George Edgar Reay 11. Color 12. Age at time of THIS birth 53 yrs. 13. Birthplace near New Castle, England (City or town) (State or foreign country)  14. Exact Occupation farming and stock-raising	of Pregnancy MOTHER O  16. FULL MAIDEN NAME MATY Isabelle 17. Color 1 or Race White 19. Birthplace near New Ca (City or town) 20. Exact Occupation Acuse 1	9. Legitimate? <b>yes</b> F CHILD  Bryden  8. Age at time of THIS birth 50 yrs.
in in in	15. Industry or Business	21. Industry or Business Same	
pewriter ribbon i stage to State B res an advance i	24. I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal particulars related to this child as	including this child <b>3rd</b> (b) F  CERTIFICATE  child, who was born alive  (Born alive, stillborn)	at
2 S in	25. Attendant's (Now deceased) M.D. Midwife	Address	Date
Record CLASS copy r	Charles Table	AFFIDAVIT to be completed wh	en the attendant does not sign
K Ink or BLACK e bearing FIRST- g. Each certified	I, the undersigned, being first duly sworn, say that I am in Item 4, above, that I am now	(Mother, etc.) that I have known this person f birth	years, and that
ACK slope   iling.		Blackfoot, Idaho	P O Address
r t	Subscribed and sworn to before me this		
only e in el rge fo		Notary Public, resid	*
Use cate cha	Received for filing on	P Hard F	, Registrar.

(1937 Session Laws, Chapter 139, Section 4)

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Uni	ted States	700	7.434	(Re sure the	information is as	of dat	e of birth of THI	IS abild )	Stat	File N	, 38	0558
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	PLACE OF BIR		ema at time of	thie hirth)	5111111		USUAL RESIDE	NCE OF MO				
	(a) County Bla				)							
	(c) Street Addr			-		ĺ	(a) State Ida					
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		-				1	(d) Street Addr	ess or R.F.D.	No			
	(e) Mothers sta			O116	•••••••••••••••••••••••••••••••••••••••		(e) How long	has MOTHE	lived in	Idaho?	Three	vr
	In <b>THIS</b> cou	inty	years	months	days	3.	RESIDENCE OF				. Ida	_
4.	FULL NAME	F4-~	0+0110	TTanana	If so—born	•						
	OF CHILD	LSSS.	Sterra	Hurst,				<ol><li>Date of (Month,</li></ol>	day, yea	yay 1	4,189	<u>T</u>
								. months				
),	Sex female	<del>2</del>	Triplet g	ingle	1st, 2nd, 3rd		Bri	nancy			timate? <b>y</b>	es
'n	FULL	r	ATHER OF CH	ILD		16	FULL MAIDE		ER OF C	HILD		
٥.		Mar	k Hurst		·	] 10.	NAME J	ohnnina	McDous	all		
l.	Color		12	Age at time	4.3	17.	~ 1	ite				
	or Race			of THIS birth			or ridee					уга
3.	Birthplace	Spri	ngfield	Mo.	***************************************	19.	Birthplace	Cape Bro	eten 1	Iova S	cotia	
	Exact	- ((	City or town)	(State or for	reign country)	i		(City	or town)	(Sta	te or foreig	n country)
7.						20.	Exact Occupation					
5.	Industry or	************	***************************************		*	21.	Industry or		••••	•••••		••••••
	Business	Rancl	hing						Hor	sewif	`e	
22.	Name prophyl	lactic use	ed to prevent C	ohthalmia Nec	onatorum							
												•••••
۵٥,	Number of Cit	lidren or	tms motner: (c	) At time of D	irth and including			MAD (D) BOTI	anve an	d now II	vingS.L	<u> </u>
					ATTENDANT'S							
4.	I HEREBY CEI	RTIFY TI	nat I attended	the birth of thi	s child, who was	3	(Rorn alive o	tillborn)	at		M.	on the dat
	and at the pla	ice state	d above, and th	hat personal p	articulars were fo	rnishe	d hv	dinoin,				
		-	a abovo, and b	idi porbondi p	articulars were fu			(First na	me)	*	(Last na	ne)
	who is related	i as	(Mother,		•••••							
25.	Attendant's		(momer,	eu.,	M.D.	Add	ress			Da	te	
	OWN signatur	e e			Midwife							
Stat	te of	Ida.	ho	)				AFFIDAV	17			
"OI	inty of	But	t e	ss.	r	To bo	completed when			t alam in	Itom 25 \	
500					I ann the 1							
						(3)	Tathan ata \					
abo	ove, that I am	now		уе	ars of age, that	I have	known this per	son for	<u>52</u>		yea	rs, and the
	Mark	Hurs	t			<b>l</b>		Line 4 a	donon	hor	-	7 6 0
•	(First na	ime)		(Las	t name)	., wno	attended this i	(Is now de	ceased) or	Cannot be	located)	I rurine
stat	te that the facts	on the	certificate abov	re are true to	the best of my kr	owled	ge, and that I d	lesire to have	e this birth	recorde	d under (	Chapter 13
193	7 Session Laws	•				0	has.	Ora.	Owen	PLI		٠
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						·,	A	rco, I	<u>gano</u>		P	O. Addres
	Subscribed on	d ewom	to before me	this 8th.	day of	Nor	v <del>embe</del> r '			<sub>10</sub> 43		
		~ PAOIII	. to porote inte		Con VI	1	/////	/. 1		Δ 200	.O T	đaho -
	(SEAL)	. ,			; see Sec. 17-914		God lelame	daty Public	, residing	at	, , , , , ,	~~11O •
	(Note: Perjury	r is puni	isnable as a te	nony in idaho	; see Sec. 1/-914	Total	Loge Annotate	ea.)				
Rec	eived for filing	on		310	V 2 6 1943	by. V	olul 'ty	مر لم ا	••••			, Registra
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(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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	ted States artment of C	ommerce	(De sure the		of date of birth of '. <b>E OF BIRTH</b>		State File No Local Reg. No
_	eau of the Ce			_	F IDAHO		Reg. Dist. No
1. P. (8	PLACE OF Ba a) County c) Street Add d) Name of I	IRTH (All ite Ada Iress or R.F. Iospital or M	D. No laternity Home:	his birth) Oise	2. USUAL RESII  (a) State	DENCE OF MOT Cise dress or R.F.D. N	County
(6	e) Mother's s		E delivery:	onths days			ved in Idaho?5
4. F	ULL NAME	ma Jero	me Thomas	(e)n		5. Date of Birth (Month, day,	of Childpril4, 189
6. S		Trip	plet	If so—born 1st, 2nd, 3rd	0, 110.	months Pregnancy	9. Legitimate?
11. (	Color or Race W	liam Ho	12. Age at tir	irthvrs.	17. Color or Race	ite <sup>18.</sup>	eva Sipe Age at time of THIS birth 15
14. I ( 15. I	Exact	_		nsas reign country)	21. Industry or	(City or town) housewif.	Missouri (State or foreign country)
<u>23. I</u>	Name prophy Number of cl	lactic used to aildren of this	s mother: (a).A	time of hirth and	including this chil	nitrade d. 1. (b) Bor	n alive and now living
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23. I 24. I 25. A	Name prophy Number of characters I HEREBY (and at the pl	rlactic used to nildren of this CERTIFY To ace stated ab s child as	s mother: (a).A hat I attended pove, and that p	ATTENDANT'S the birth of this ersonal particulars	oilwr p	nitrade d. 1. (b) Bor	n alive and now living
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23. I	Name prophy Number of ch I HEREBY of and at the pl related to thi Attendant's OWN signature of the character of the character of the character of the pter 139, 193 Subscribed a	certificate and sworn to	hat I attended bove, and that p  (Mother, etc.)  Son	time of hirth and ATTENDANT'S the birth of this ersonal particulars of M.D. Midwife  m, say that I am years of age who attended this to the best of my  28.thlay of	including this chil CERTIFICATE child, who was (Bor were furnished by  Address  AFFIDAVIT to be the	d 1 (h) Born  at at at a at a at a at a at a at a a	Date  the attendant does not state state state of the birth recorded ur Signature.

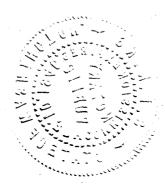
(1937 Session Laws, Chapter 139, Section 4)

J.	i		655707040-864				380620
6		Uni	ited States	(Be sure the info	rmation is as	of date of birth of THIS child.)	State File No.
<b>E</b> :	g	Dej	partment of Commerce	CI	ERTIFICAT	E OF BIRTH	Local Reg. No
8	3	_	reau of the Census		STATE OF		Reg. Dist. No
Ž,	3	1.	PLACE OF BIRTH (All items at time	of this birth)		2. USUAL RESIDENCE OF MOTH	ER (At time of this birth)
~ 설	- >-		(a) County_Shoshone	(b) CityMurra	у	(a) State IDAHORKXXX	(b) County Shoshone
u i	5		(c) Street Address or R.F.D. No				emember munnay
4	9		(d) Name of Hospital or Maternity H				
. 2			No street addr	ess,		(d) Street Address or R.F.D. N	~
2			(e) Mothers stay <b>BEFORE</b> delivery:			(e) How long has MOTHER 1	ived in Idaho?yrs
A E	•	_	In THIS county 4 years	_ months	days	3. RESIDENCE OF FATHER (city,	state) Thu RRAY IDA h
8	3	4.	of Child Charles Al	bert Fenn		5. Date of Bi	rth of Child cy, year) Feb. 7th, 1891
a.	1		7. Twin or		If so—born	8. No. months	
L i	ŗ	6.	Sex male Triplet	No	1st, 2nd, 3rd	of Pregnancy US	ual 9. Legitimate? Yes
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			FATHER OF	CHILD		MOTHE	OF CHILD
		10.	NAME John Butler	Fénn		16. FULL MAIDEN Rachel	Ann Young
	À	11.		. Age at time	***************************************		
3	ł		or RacewhiTe	of THIS birth5	6yrs.	or Race White	of THIS birth4Qyrs
7	, a	13.	Birthplace Illinois	State)		19. Birthplace	
Ħ,	•		(City or town)	(State or foreign	country)	(City or t	own) (State or foreign country)
ğ"		14.	Exact General occ Occupation County Asse	cupation i	ner	20. Exact Housew	ife.
93	1	15.	mousity or		· · · · · · · · · · · · · · · · · · ·	21. Industry or	
45			Business Professions	al Miner		Business Same as	stated above
		22.	Name prophylactic used to preven	t Ophthalmia Neonata	orum	•	
	-		Number of children of this mother:				line and non-lines 2
		20.	Transper of children of this mother.				mive and now hving
2 4 3		0.4	I HEDERY CERTIFY That I amount			CERTIFICATE	
. 5	Ì	<b>44.</b>	I HEREBY CERTIFY That I attende		•	(D 114 4111 )	at
4 4	3		and at the place stated above, and	d that personal partic	ulars were fur	nished by First name	Hollesene
pp o	]		who is related as	galls, now	decease	d. (First name)	(Last name)
T	경	25	(Moth Attendant's	er, etc.)	M.D.	Address	Dt-
9 3	ä	20.	OWN signature		M.D. Midwife	Address	Date.
<b>F</b> 7		C.		```			
Ř.	ğ	oia C	tte of Washington unty of Walla Walla	ss.	/m	AFFIDAVIT	1
7	, E	Col		-		o be completed when the attendant	
Ö	ğ		I, the undersigned, being first duly	sworn, say that I a	m the	(Mother, etc.)	rson whose name appears in Item 4
# ]	À	abo	ove, that I am now6.5	years	of age, that I		his_lifeyears, and tha
83	1		I was present at  (First name)	Jame of th	me of bi	rth	I funtho
BLACK	[ §	••	(First name)	(Last nam	ie)	(Is now decea	sed) or (Cannot be located)
m S	4	المان	ne mar me racio on me cermadae ar	obsecute the to the p	oest of my kno	owledge, and that I desire to have t	his birth recorded under Chapter 139
, o	2	193	37 Session Laws.			Allio can Hol	LENE Signature
Ę	1 =			2 3 3 5 T	# 6	Wahaan St Wa	LlaWalla, Wash 'n P.O. Addres
병	Į ģ						/
BLA(	<b>F</b>		Subscribed and sworn to before m	e this End	day of	November,	, 19 <b>43</b> .
m K	Á		(SEAL)		!_@_	Motory Dublic .	esiding at WallaWalla
o la la la la la la la la la la la la la	ğ		(Note: Perjury is punishable as a	felony in Idaho; see	Sec. 17-914,	Idaho Code Armotated.) St	ete of Wash'n
9 2	2					711 7	77.
5 5	ĕ	Rec	ceived for filing on	· · · · · · · · · · · · · · · · · · ·	9 1943	λ	Registrar
				NOV	7 (743		<i>y</i>

10N

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



	867 106038 364 inited States	(Be sure the information is as	s of date of birth of THIS child.)	State File No
De	epartment of Commerce	CERTIFICA:	TE OF BIRTH	Local Reg. No
_	ureau of the Census		OF IDAHO	Reg. Dist. No
1.	PLACE OF BIRTH (All items at time of (a) County Payette (b) (c) Street Address or R.F.D. No	) City Payette		HER (At time of this birth)  (b) County Payett
	(d) Name of Hospital or Maternity Hom		(d) Street Address or R.F.D.	No
_	(e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county 3 years	months days	(e) How long has MOTHER 3. RESIDENCE OF FATHER (city	v, state) Payette, Ida
4.	FULL NAME Harold Jerome	Hopper		Birth of Child Sept. 6, 1
6.	Sex M. 7. Twin or Triplet	No If so—born lst, 2nd, 3rd	8. No. months	9. Legitimate?
	FATHER OF CH	IILD		R OF CHILD
10	NAME Milford Hopper		16. <b>FULL MAIDEN</b> Mary	Combs
11	or Race	Age at time of THIS birth 36 yrs.	17. Color White	18. Age at time 36 of THIS birth
13	3. Birthplace Springfield (City or town)	MO . (State or foreign country)	19. Birthplace Springfi	eld, Mo.
14	4. Exact Occupation Farmer	• • • • • • • • • • • • • • • • • • • •	20. Exact Housewi	town) (State or foreign confe
15	5. Industry or Business		21. Industry or Business	
	3. Number of children of this mother: (c	a) At time of birth and including		
23	3. Number of children of this mother: (c	a) At time of birth and including ATTENDANT'	g this childEight (b) Born	alive and now living. Eig
23	3. Number of children of this mother: (c 4. I HEREBY CERTIFY That I attended	a) At time of birth and including  ATTENDANT  the birth of this child, who was	g this child Eightl (b) Born  S CERTIFICATE  S	alive and now livingEig
23	<ol> <li>Number of children of this mother: (c</li> <li>I HEREBY CERTIFY That I attended and at the place stated above, and t who is related as</li> </ol>	At time of birth and including ATTENDANT' the birth of this child, who was that personal particulars were from	g this child Eightl (b) Born  S CERTIFICATE  S	alive and now livingEig
23 24	<ol> <li>Number of children of this mother: (c</li> <li>I HEREBY CERTIFY That I attended and at the place stated above, and t</li> </ol>	At time of birth and including ATTENDANT' the birth of this child, who was that personal particulars were from	g this child Eightl (b) Born  S CERTIFICATE  S	alive and now livingEig
23 24 25	4. I HEREBY CERTIFY That I attended and at the place stated above, and to who is related as	a) At time of birth and including  ATTENDANT' the birth of this child, who was that personal particulars were free.)  M.D. Midwife	g this child. Eightl. (b) Born  S CERTIFICATE  (Born alive, stillborn)  urnished by	alive and now living
23 24 25	4. I HEREBY CERTIFY That I attended and at the place stated above, and twho is related as (Mother, 6. Attendant's OWN signature tate of Jaho ounty of Washington	a) At time of birth and including  ATTENDANT's the birth of this child, who was that personal particulars were free.)  M.D.  Midwife  ss.	g this child. Eightl. (b) Born  S CERTIFICATE  (Born alive, stillborn)  urnished by	e) (Last name)  Date  It does not sign in Item 25.)
23 24 25 Sto	4. I HEREBY CERTIFY That I attended and at the place stated above, and the who is related as (Mother, OWN signature)  Tate of Jaho ounty of Washington  I, the undersigned, being first duly services.	At time of birth and including ATTENDANT the birth of this child, who was that personal particulars were f  etc.)  M.D.  Midwife  ss.  worn, say that I am the	g this child	e) (Last name)  Date  I t does not sign in Item 25.)  Derson whose name appears in
23 24 25 Sto	4. I HEREBY CERTIFY That I attended and at the place stated above, and to who is related as	At time of birth and including ATTENDANT' the birth of this child, who was that personal particulars were free.)  M.D. Midwife  ss.  worn, say that I am the	g this child. Eight. (b) Born  S CERTIFICATE  S (Born alive, stillborn)  urnished by (First name)  Address  AFFIDAVI  (To be completed when the attendant of the process of	e) (Last name)  Date  I t does not sign in Item 25.)  Derson whose name appears in name birth
23 24 25 Sto	4. I HEREBY CERTIFY That I attended and at the place stated above, and the who is related as (Mother, OWN signature)  Tate of Jaho county of Washington  I, the undersigned, being first duly subove, that I am now 78	At time of birth and including ATTENDANT the birth of this child, who was that personal particulars were f  etc.)  M.D.  Midwife  ss.  worn, say that I am the	g this child	e) (Last name)  Date  I does not sign in Item 25.)  person whose name appears in name birth  ot be located
23 24 25 Sto	4. I HEREBY CERTIFY That I attended and at the place stated above, and to who is related as	At time of birth and including ATTENDANT the birth of this child, who was that personal particulars were f  etc.)  M.D.  Midwife  ss.  worn, say that I am the	g this child	dive and now living
23 24 25 Sto	4. I HEREBY CERTIFY That I attended and at the place stated above, and the who is related as (Mother, o. Attendant's OWN signature late of Jaho ounty of Washington  I, the undersigned, being first duly subove, that I am now 78  (First name) 78  (First name) 78	At time of birth and including ATTENDANT the birth of this child, who was that personal particulars were f  etc.)  M.D.  Midwife  ss.  worn, say that I am the	g this child Eighti (b) Born  B CERTIFICATE  (Born alive, stillborn)  urnished by	e) (Last name)  Date  It does not sign in Item 25.) Derson whose name appears in Ince birth Ot be located this birth recorded under Character Section 1.5.
23 24 25 Sto	4. I HEREBY CERTIFY That I attended and at the place stated above, and the who is related as (Mother, 5. Attendant's OWN signature attended washington  I, the undersigned, being first duly subove, that I am now 78  (First name)  Are Certificate above as that the facts on the certificate above as that the facts on the certificate above as the ce	At time of birth and including ATTENDANT the birth of this child, who was that personal particulars were f etc.)  M.D.  Midwife  ss.  worn, say that I am the  years of age, that s. Applegate (Last name) ye are true to the best of my k	g this child Eight (b) Born  S CERTIFICATE  S (Born alive, stillborn)  urnished by (First name)  Address  AFFIDAVI  (To be completed when the attendant of the property of the	e) (Last name)  Date  It does not sign in Item 25.) berson whose name appears in Ince birth  Ot be located assed) or (Cannot be located) this birth recorded under Characterian S.
23 24 25 Sto	4. I HEREBY CERTIFY That I attended and at the place stated above, and the who is related as (Mother, 5. Attendant's OWN signature late of Washington I, the undersigned, being first duly subove, that I am now 78 (First name) attended the certificate above attended to the certificate above subove that the facts on the certificate above Subscribed and sworn to before me	At time of birth and including ATTENDANT the birth of this child, who was that personal particulars were free.)  M.D.  Midwife  ss.  worn, say that I am the	g this child. Eightl. (b) Born  S CERTIFICATE  S (Born alive, stillborn)  urnished by (First name)  Address  AFFIDAVI:  (To be completed when the attendant of the property of	e) (Last name)  Date  I does not sign in Item 25.)  Derson whose name appears in Ince birth  ot be located eased) or (Cannot be located) this birth recorded under Chap  S.  P. O.
23 24 25 Sto	4. I HEREBY CERTIFY That I attended and at the place stated above, and the who is related as (Mother, 5. Attendant's OWN signature late of Washington I, the undersigned, being first duly subove, that I am now 78 (First name) attended the certificate above attended to the certificate above subove that the facts on the certificate above Subscribed and sworn to before me	ATTENDANT the birth of this child, who was that personal particulars were f etc.)  M.D.  Midwife  ss.  worn, say that I am the  years of age, that S. Applegate (Last name) The are true to the best of my k this.  10th day of	g this child. Eightl. (b) Born  S CERTIFICATE  (Born alive, stillborn)  urnished by	e) (Last name)  Date  I does not sign in Item 25.)  Derson whose name appears in Ince birth  ot be located eased) or (Cannot be located) this birth recorded under Chap  S.  P. O.

(1937 Session Laws, Chapter 139, Section 4)

	419-118016-219		0004
D H	United States	(Be sure the information is as of date of birth of THIS child.)	State File No. 384588
envélope bearing copy requires an	Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No
be. Ere	Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
6 p	1. PLACE OF BIRTH (All items at time of the		
[o] 1 1 1	(a) County (b)		(b) County Cassia
A do	(c) Street Address or R.F.D. No	(d) blate	(b) County
	(d) Name of Hospital or Maternity Home	c) City(Character	
e ii ied	no		D. No
ifficate in certified	(e) Mothers stay <b>BEFORE</b> delivery:	(e) How long has MOTHE	IR lived in Idaho? 24 yrs.
# 8	In THIS county 2 years	months days 3. RESIDENCE OF FATHER (	city, state) Fillmore Wal
COMPLETED certificate for filing. Each certifie	4. FULL NAME	5. Date of	of Birth of Child Sept 19. 1991
ម្ពួជ	OF CHILD 7. Twin or	If so—born 8. No. months	a, day, year)
E.3	6. Sex Male Triplet	If so—born 8. No. months 1st, 2nd, 3rd of Pregnancy	9. Legitimate?
COMPLETH for filing.	FATHER OF CHI		HER OF CHILD
O #	10. FULL	16. FULL MADEN.	ay Bartholomen.
ÖΨ	11. Color 12. A	***************************************	
certificate. Mail ing. No charge		ge at time 17. Color or Race white	18. Age at time of THIS birth
7 4	13. Birthplace Asantsvelle	atal : 19. Birthplace Fillm	
e de o	(City or town)	(State or foreign country) (City	or town) (State or foreign country)
Ž,	14. Exact 7	20. Exact Occupation	and a sample
is certi filing.	Occupation	21. Industry or	our wope,
s c filir	Business	Business	
ᅾ	22 Name prophylastic used to prevent Or	ohthalmia Neonatorum	
		At time of birth and including this child	
completir e, Idaho,	23. Number of children of this mother: (a)		rn alive and now living
E P	OA AUTODOM CODMINISTED AT A A A A A A	ATTENDANT'S CERTIFICATE	
ည် နွေ	24. I HEREBI CERTIFI That I attended to	ne birth of this child, who was(Born alive, stillborn)	M. on the date
,	and at the place stated above, and th	at personal particulars were furnished by	
ပို့ ဗွ	who is related as Jather		ame) (Last name)
년 A H	(Mother, e	tc.)	
P P P	25. Attendant's	M.D. Address	Date
Mri G S	OWN signature	Midwife	
d Xie	State of Mal		
# 6 C	County of Willard		
20.00	I, the undersigned, being first duly sv	vorn, say that I am the Father of the	e person whose name appears in Item 4,
Rec III	above, that I am now 76	(Mother, etc.) years of age, that I have known this person for	ell his life years and that
CK By	So P		.//
A tage	(First name)	(Last name), who attended this birth 11 (Is now (	leceased) or (Cannot be located)
E S	state that the facts on the certificate above	e are true to the best of my knowledge, and that I desire to ha	ve this birth recorded under Chapter 139,
	1937 Session Laws.	Jan 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature
互互			
H og e		Fillmore ula	LP. O. Address
BLACK 1	Subscribed and sworn to before me th	nis day of Nov.	
A S	(10)		c, residing at Fellowere what
불다양	(SEAL)	, Notary Publi	c, residing at
고나ㅁ	(Note: Perjury is punishable as a fel	ony in Idaho; see'Sec. 17-914, Idaho Code Annotated.)	n ex. 47.115
RST.		ony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	Registrar.

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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Hini	ited States	020-8		e sure the in	formation to as	of date of birth of THI	is aprila )	381906	3819(
	partment of Co	mmerce	(1)	_		E OF BIRTH	is cima.)		No
_	reau of the Cer				STATE O		** . · •		No
			at time of this	hirth)	SINIL O	2. USUAL RESIDE	NCE OF MOT		
	(a) County E	more	(b) Cit	Atlan	ta .	1		(b) County	•
			. No						
			ernity Home:			(c) City			
			ice					No	
	(e) Mothers sto					(e) How long 1	has <b>MOTHER</b>	lived in Idahoi	Five
			years Six	months	days	3. RESIDENCE OF			ente Idab
	FULL NAME	Wineil	Motthe	0	-		5. Date of I	14 - 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13	
	OF CHILD	<u>^ 11.8 1</u> 1	. Macche	wcasej	T		(Month,	day, year)N	OA TT'TR
6.	Sex Mal	<b>,</b>	Twin or Triplet No.		If so—born 1st, 2nd, 3rd		. months	ine 9. Le	aitimato? Vo
<u> </u>	TVICA-L		ER OF CHILD		151, 2110, 010			ER OF CHILD	diminute: TE
10.	FULL 3.					16. FULL MAIDE	N .		
		atthew					lmanda]	Hinshaw	
11.	Color or Race W	h <b>á</b> te	12. Age	at time IIS birth. <b>39</b>		17. Color or RaceWh	ita	18. Age a	t time S birth <b>3.6</b>
10	01 11000								
13.	. Birthplace	(City o	n Count	(State or foreign	n country)	19. Birthplace	Warlon.	county	State or toreign con
14.	Exact	· · ·	•	_	7.7				
1.5		MIHGI	& Mail	carrie	<b>:</b>		nouse (	vife	
15.	Industry or Business					21. Industry or Business			
_		<del></del>	<del></del>		<u> </u>	<del></del>			
22.	Name prophy	zlactic used to							
									fan
				time of birth	and including	this child eight			living fou
23.	Number of ch	nildren of this	mother: (a) At	time of birth	and including	this child eight CERTIFICATE	(b) Born	alive and now	
23.	Number of ch	nildren of this	mother: (a) At	time of birth	and including	this child eight CERTIFICATE Born ali	(b) Born	alive and now	
23.	Number of ch	nildren of this ERTIFY That I	mothet: (a) At	time of birth	and including ATTENDANT'S child, who was	this child eight CERTIFICATE Born ali (Born alive, s	(b) Born  Ve stillborn)	alive and now	P.M. on the
23.	Number of children of the I HEREBY Children of the plant	nildren of this ERTIFY That I ace stated ab	mother: (a) At	time of birth	and including ATTENDANT'S child, who was	this child eight CERTIFICATE Born ali	(b) Born  Ve stillborn)	alive and now at Four	
23.	Number of children of the I HEREBY Children of the plant	nildren of this ERTIFY That I ace stated ab	mother: (a) At attended the leave, and that places	pirth of this opersonal part	and including ATTENDANT'S child, who was	this child eight CERTIFICATE Born ali (Born alive, s	Ve stillborn	alive and now at Four	P.M. on the
23. 24.	I HEREBY CF and at the pl who is relate Attendant's	eRTIFY That I ace stated ab	mother: (a) At	pirth of this opersonal part	and including ATTENDANT'S child, who was iculars were fu M.D.	this child eight CERTIFICATE Born ali (Born alive, s	Ve stillborn	alive and now at Four	P.M. on the
<ul><li>23.</li><li>24.</li><li>25.</li></ul>	I HEREBY CF and at the pl who is relate Attendant's OWN signature.	aildren of this  ERTIFY That I  ace stated ab  d as	mother: (a) At attended the later and that place and that place (Mother, etc.)	time of birth  pirth of this correspond parts  ther	and including ATTENDANT'S child, who was iculars were fu	this child <b>eight</b> CERTIFICATE  Born ali  (Born alive, sernished by	Ve stillborn	alive and now at Four	P.M. on the state of the state
23. 24. 25. Sta	Number of ch  I HEREBY Cf and at the pl who is relate Attendant's OWN signatu	aildren of this ERTIFY That I ace stated ab d as	mother: (a) At attended the later and that place and that place (Mother, etc.)	time of birth  pirth of this of  personal part  ther	and including ATTENDANT'S child, who was iculars were fu M.D.	this child <b>eight</b> CERTIFICATE  Born ali  (Born alive, sernished by	Ve stillborn	alive and now at Four Ca	P.M. on the state of the state
23. 24. 25. Sta	Number of ch  I HEREBY Cf and at the pl who is relate Attendant's OWN signatu	aildren of this ERTIFY That I ace stated ab d as	mother: (a) At attended the leave, and that places	time of birth  pirth of this of  personal part  ther	ATTENDANT'S ATTENDANT'S child, who was iculars were fu M.D. Midwife	this child <b>eight</b> CERTIFICATE  Born ali  (Born alive, sernished by	Willier (First nam	alive and now at Four Ca	(Last name)
23. 24. 25. Sta	I HEREBY CF and at the pl who is relate Attendant's OWN signature of	alldren of this ERTIFY That I ace stated ab ad as 0 ure laho	mother: (a) At attended the later and that place (Mother, etc.)	time of birth birth of this copersonal parts other  ss.	ATTENDANT'S ATTENDANT'S child, who was iculars were fu M.D. Midwife	this child <b>eight</b> CERTIFICATE Born ali (Born alive, sernished by	Willier  (First nam	alive and now  at Four  Cate  I  t does not sign	(Last name)
23. 24. 25. Sta	I HEREBY CF and at the pl who is relate Attendant's OWN signature of the pl with	aldren of this ERTIFY That I ace stated ab ad as 0 ure laho laho ligned, being	attended the later and that place and that place and that place (Mother, etc.)	time of birth birth of this copersonal part bther  ss.  a, say that I	ATTENDANT'S ATTENDANT'S Child, who was iculars were fur M.D. Midwife	this child <b>eight</b> CERTIFICATE BORN ali (Born alive, senished by	We stillborn (First name AFFIDAVI) in the attendant Francisco of the property	alive and now  at Four  Cate  It does not sign person whose no	(Last name)  Ocate  in Item 25.)  mme appears in
23. 24. 25. Star	Number of ch  I HEREBY CF and at the pl who is relate Attendant's OWN signature the of	enildren of this entildren of	mother: (a) At attended the later and that place and that place (Mother, etc.)  first duly sworr venty	citime of birth  pirth of this correspond parts  ther  ss.  a, say that I  years	ATTENDANT'S Child, who was iculars were fur M.D. Midwife  am the	this child eight  CERTIFICATE Born ali (Born alive, sernished by	william  AFFIDAVI  The attendan  The reson for	Four  at Four  t does not sign person whose not 52	P
23. 24. 25. Star	Number of ch  I HEREBY CF and at the pl who is relate Attendant's OWN signature the of	enildren of this entildren of	mother: (a) At attended the later and that place and that place (Mother, etc.)  first duly sworr venty	citime of birth  pirth of this correspond parts  ther  ss.  , say that I  years  hlip	ATTENDANT'S Child, who was iculars were fur M.D. Midwife  am the	this child eight  CERTIFICATE Born ali (Born alive, sernished by	AFFIDAVI  n the attendan  rson for	Four  T t does not sign person whose not 2	(Last name)  Ocate  in Item 25.)  mme appears inyears, a
23. 24. 25. Sta	Number of ch  I HEREBY CF and at the pl who is relate Attendant's OWN signature to of	ERTIFY That I ace stated ab d as	mother: (a) At attended the later and that place and that place are (Mother, etc.)  first duly sworn venty  Mc Laug	citime of birth birth of this correspond parts bther  ss.  , say that I  years (Last na	ATTENDANT'S Child, who was iculars were fu  M.D. Midwife  (Tam the	this child eight  CERTIFICATE Born ali (Born alive, something of the completed when the completed when the complete when	AFFIDAVI  a the attendan  The attendance  The attendan	alive and now  at Four  Cree  t does not sign berson whose not sig	PM. on the state of the sta
23. 24. 25. Sta	I HEREBY CF and at the pl who is relate Attendant's OWN signature of the unity of I, the understove, that I am I at the fac	extraction of this extraction of this extraction of this extraction of this extraction of this extraction of this extraction of this extraction of the certain of this extraction of the certain of this extraction of the extractio	mother: (a) At attended the later and that place and that place are (Mother, etc.)  first duly sworn venty  Mc Laug	citime of birth birth of this correspond parts bther  ss.  , say that I  years (Last na	ATTENDANT'S Child, who was iculars were fu  M.D. Midwife  (Tam the	this child eight  CERTIFICATE Born ali (Born alive, sernished by	AFFIDAVI  the attendant  cross for  (Is now declesire to have	Four  at Four  t does not sign person whose not  because of Cannot this birth record	PM. on the state of the sta
23. 24. 25. Sta	Number of ch  I HEREBY CF and at the pl who is relate Attendant's OWN signature to of	extraction of this extraction of this extraction of this extraction of this extraction of this extraction of this extraction of this extraction of the certain of this extraction of the certain of this extraction of the extractio	mother: (a) At attended the later and that place and that place are (Mother, etc.)  first duly sworn venty  Mc Laug	citime of birth birth of this correspond parts bther  ss.  , say that I  years (Last na	ATTENDANT'S Child, who was iculars were fu  M.D. Midwife  (Tam the	this child eight  CERTIFICATE Born ali (Born alive, something of the completed when the completed when the complete when	AFFIDAVI  the attendant  cross for  (Is now declesire to have	Tour does not sign person whose not sign person person whose not sign person	PM. on the state of the sta
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23. 24. 25. Sta	Number of ch  I HEREBY Ch and at the pl who is relate Attendant's OWN signaturate of	entidren of this entidren of this entided in a central entire ent	mother: (a) At attended the later and that place and that place are (Mother, etc.)  first duly sworn venty  Mc Laug	oith of this copersonal parts  other  ss.  (Last name true to the	ATTENDANT'S Child, who was iculars were fu  M.D. Midwife  (Tam the	this child eight CERTIFICATE BORN ali (Born alive, serieshed by Address To be completed when Ider Brothe (Mother, etc.) have known this per who attended this leader of the complete of the co	AFFIDAVI  a the attendant rison for the rison for the rison with the rison for the ris	Four  T t does not sign person whose not sign person whose not this birth record this birth record this birth record the sign person this birth record the sign person whose not	(Last name)  Ocate  in Item 25.)  me appears in  be located) ided under Chap  ASO  P.O.
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23. 24. 25. Sta	Number of ch  I HEREBY CF and at the pl who is relate Attendant's OWN signatu the of	certify That I ace stated ab d as 0 are laho da igned, being now Se anne) is on the certific to the certific t	mother: (a) At attended the later and that related the later and that related the later and the later and the later and the later and la	time of birth of this of personal parts  ther  ss.  a, say that I  (Last as re true to the	ATTENDANT'S Child, who was iculars were fur M.D. Midwife  am the	this child eight CERTIFICATE BORN ali (Born alive, serieshed by Address To be completed when Ider Brothe (Mother, etc.) have known this per who attended this leader of the complete of the co	AFFIDAVI  the attendant  in th	Four  at Four  t does not sign berson whose not be eased) or (Cannot this birth record	(Last name)  Ocate  in Item 25.)  me appears in  be located) ided under Chap  ASO  P.O.
23. 24. 25. Star Con	Number of ch  I HEREBY Ch and at the pl who is relate Attendant's OWN signature atte of	certify That I ace stated ab d as 0 are land signed, being now Se and so on the certify and sworn to be a sworn to	mother: (a) At attended the later and that related the later and that related the later and the later and the later and the later and la	ss.    San that I   San true to the structure of birth of this construction of this construction of the san true to the structure of the san true to the san true to the san true to the san true to the san true to the san true to the san true to the san true to the san true to the san true to the san true to the san true to the san true to the san true true true to the san true true true true true true true true	ATTENDANT'S Child, who was iculars were fur M.D. Midwife  am the	this child. <b>Pight</b> CERTIFICATE  BOTH ali  (Born alive, sernished by  Address  To be completed when the completed when the completed when the completed when the complete the	AFFIDAVI  the attendant  in th	Four  T t does not sign person whose not sign person whose not this birth record thi	(Last name)  Ocate  in Item 25.)  me appears in  be located) ided under Chap  ASO  P.O.

inbi ca**ns**la

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

165-205-036-165 United States envelope bearing (Be sure the information is as of date of birth of THIS child.) State File No... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) da (b) City Walad (b) County Mel (a) State... (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. at Home (e) How long has MOTHER lived in Idaho?..... (e) Mothers stay **BEFORE** delivery: In THIS county years months **RESIDENCE OF FATHER** (city, state) 4. FULL NAME 5. Date of Birth of Child OF CHILD. (Month, day, year). Upl Twin or If so-born No. months for filing. Sex -Triplet 1st, 2nd, 3rd 9. Legitimate? of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDE NAME NAME..... Color Age at time 17. Color 18. Age at time of THIS birth of THIS birth. 19. Birthplace Kara (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact for filing. Occupation 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICAL I HEREBY CERTIFY That I attended the birth of this child, who was.... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by.... who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife **AFFIDAVIT** County of \_\_\_\_\_ (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the Mat .....of the person whose name appears in Item 4, (Mother, etc.) above, that I am now... years of age, that I have known this person for...... .....years, and that ....., who attended this birth 🛂 (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139. 1937 Session Laws. nus Signature Subscribed and sworn to before me this \_\_\_\_\_\_9 -- (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Ahnotated.) Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

. t	165-217029 451		Text	383133
5 8	United States	(Be sure the information is as	of date of birth of THIS child.)	State File No.
	Department of Commerce		E OF BIRTH	Local Reg. No
envelope bear copy requires	Bureau of the Census	OT THE O	F IDAHO	Reg. Dist. No
9 5	1. PLACE OF BIRTH (All items at time of (a) County Latah	this birth)	2. USUAL RESIDENCE OF MOTHER	
9 -				(b) County Whitman
	(c) Street Address or R.P.D. No. NO.	t numbered	(c) City Rosalia	W. C.
	(d) Name of Hospital or Materitiv Hor	ne: of husband's		+ manh an a 3
9 8	sister, Mrs. Ida Pi	erce	1	t numbered
D certificate in Each certified	(e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county ————————————————————————————————————	menths 2 days	(e) How long has MOTHER live 3. RESIDENCE OF FATHER (city, st	d in Idaho?bornyrs.
h c	A FILL NAME		5. Date of Birth	
2 8	of CHILD Stella May J	ones	(Month, day	year) Nov. 17,1891
<b>E</b> .	7. Twin or	If so—born	8. No. months	
COMPLETED for filing. Ec	6. Sex female Triplet	no lst, 2nd, 3rd	of Pregnancy n1 r	18 9. Legitimate? yes
を開	FATHER OF CE		16. FULL MAIDEN	
용호	NAME John Paul Jone	8	NAME Ella M	ay Dean
	11. Color white 12.	Age at time of THIS birth 7 yrs.	17 Color	18. Age at time
Mail charge	To allega w		or Race White	of THIS birthyrs.
ું <sup>તે</sup> છે.	13. Birthplace JECKSUI . (City or town)	(State or foreign country)	19. Birthplace Boise	Idaho
certificate. ing. No c	14 Frank		20. Exact	, , , , , , , , , , , , , , , , , , , ,
₹.	Occupation	paper-hanger		ife
	15. Industry or Business		21. Industry or Business	
r this for fil			<del>'                                    </del>	
pr 쓰	22. Name prophylactic used to prevent (	Ophthalmia Neonatorum	ro nor know	
A C	23. Number of children of this mother: (			e and now living
mple#		ATTENDANT'S	CERTIFICATE	
completi	24. I HEREBY CERTIFY That I attended	ATTENDANT'S the birth of this child, who was	CERTIFICATE	atM. on the date
in completi Boise, Idaho	24. I HEREBY CERTIFY That I attended	ATTENDANT'S the birth of this child, who was	CERTIFICATE	atM. on the date
~ 2	24. I HEREBY CERTIFY That I attended and at the place stated above, and	ATTENDANT'S the birth of this child, who was that personal particulars were fu	CERTIFICATE	atM. on the date
obon in cics, Bolse	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as(Mother	ATTENDANT'S the birth of this child, who was that personal particulars were fu	CERTIFICATE	atM. on the date
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iter ribbon in Statistics, Bolse	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as(Mother 25. Attendant's OWN signature	the birth of this child, who was that personal particulars were further.  etc.)  M.D.  Midwife	(Born alive, stillborn)  rnished by(First name)	(Last name)
ewriter ribbon in called Statistics, Bolse	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	the birth of this child, who was that personal particulars were further.  etc.)  M.D.  Midwife	(Born alive, stillborn)  rnished by(First name)	(Last name)
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ewriter ribbon in called Statistics, Bolse	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	the birth of this child, who was that personal particulars were further.  M.D. Midwife  ss	(Born alive, stillborn)  rnished by	(Last name)  Date  Date  es not sign in Item 25.) on whose name appears in Item 4,
typewriter ribbon in c if Vital Statistics, Bolse	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	the birth of this child, who was that personal particulars were further.  M.D. Midwife  ss	(Born alive, stillborn)  rnished by (First name)  Address  AFFIDAVIT To be completed when the attendant do ther (Mother, etc.) I have known this person for 54	(Last name)  Date  Date  es not sign in Item 25.) on whose name appears in Item 4, years, and that
typewriter ribbon in c if Vital Statistics, Bolse	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	the birth of this child, who was that personal particulars were further than the state of the st	(Born alive, stillborn)  rnished by	(Last name)  Date
typewriter ribbon in c if Vital Statistics, Bolse	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	the birth of this child, who was that personal particulars were further than the state of the st	(Born alive, stillborn)  rnished by	(Last name)  Date
typewriter ribbon in c if Vital Statistics, Bolse	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	the birth of this child, who was that personal particulars were further than the state of the st	(Born alive, stillborn)  rnished by	(Last name)  Date
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CK Ink or BLACK Record typewriter ribbon in c postage to State Bursan of Vital Statistics, Bolse ment of fitty cents manage ander or color	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	the birth of this child, who was that personal particulars were further than the manner of the personal particulars were further than the manner of the personal particulars were further than the manner of the personal particulars were further than the manner of the personal particulars were further than the manner of the personal particulars were than the manner of the personal particulars were further than the manner of the personal particulars were further than the personal particular were further than the personal particular were further than the personal particular were further than the personal particular were furt	(Born alive, stillborn)  rnished by	(Last name)  Date  Date  es not sign in Item 25.)  on whose name appears in Item 4,  years, and that  be located I further  or (Cannot be located)  birth recorded under Chapter 139,  Signature  (3207-E 90+8) Address
CK Ink or BLACK Record typewriter ribbon in c postage to State Bursan of Vital Statistics, Bolse ment of fitty cents manage ander or color	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	the birth of this child, who was that personal particulars were further than the manner of the personal particulars were further than the manner of the personal particulars were further than the middle of the personal particulars were further than the middle of the personal particulars were further than the middle of the personal particulars were than the middle of the personal particulars were further than the middle of the personal particulars were further than the personal particular were further than the personal particular were further than the personal particular were further than the personal particular were further than the personal particular were further than the personal particular were further than the personal particular were further	(Born alive, stillborn)  rnished by (First name)  Address  AFFIDAVIT To be completed when the attendant do ther (Mother, etc.) I have known this person for 54  who attended this birth Cannot (Is now deceased nowledge, and that I desire to have this collar what when the collar when the	(Last name)  Date  Date  es not sign in Item 25.) on whose name appears in Item 4, 2
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CK Ink or BLACK Record typewriter ribbon in c postage to State Bursan of Vital Statistics, Bolse ment of fitty cents manage ander or color	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	the birth of this child, who was that personal particulars were further than the management of the personal particulars were further to the best of my known that I am the management of the personal particulars were further to the best of my known that I am the management of the personal particulars were true to the best of my known that I am the management of the personal particulars were true to the best of my known that I am the management of the personal particulars were further to the personal particular were further to	(Born alive, stillborn)  Irnished by (First name)  Address  AFFIDAVIT  To be completed when the attendant do ther of the person for the person, who attended this birth Cannot (Is now deceased nowledge, and that I desire to have this Seattle, Tashington  Notary Public, resi	(Last name)  Date  (Last name)  Date  es not sign in Item 25.)  on whose name appears in Item 4,  years, and that  be located if further  or (Cannot be located)  birth recorded under Chapter 139,  Signature  (3207-E 90th Address
CK Ink or BLACK Record typewriter ribbon in c postage to State Bursan of Vital Statistics, Bolse ment of fitty cents manage ander or color	24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	the birth of this child, who was that personal particulars were further than the management of the personal particulars were further to the best of my known that I am the management of the personal particulars were further to the best of my known that I am the management of the personal particulars were true to the best of my known that I am the management of the personal particulars were true to the best of my known that I am the management of the personal particulars were further to the personal particular were further to	(Born alive, stillborn)  Irnished by (First name)  Address  AFFIDAVIT  To be completed when the attendant do ther of the person for the person, who attended this birth Cannot (Is now deceased nowledge, and that I desire to have this Seattle, Tashington  Notary Public, resi	(Last name)  Date  (Last name)  Date  es not sign in Item 25.)  on whose name appears in Item 4,  years, and that  be located if further  or (Cannot be located)  birth recorded under Chapter 139,  Signature  (3207-E 90th Address

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)



231-1310.37168			d) State File No. 383179
		of date of birth of THIS chil	
Department of Commerce Bureau of the Census		TE OF BIRTH OF IDAHO	Local Reg. No
			Reg. Dist. No
1. PLACE OF BIRTH (All items at time (a) County OWYNEE (b) City.	Bruneau	(a) State Tdaho	F MOTHER (At time of this birth)(b) CountyOWYhee
(c) Street Address or R.F.D. No K11 (d) Name of Hospital or Maternity Ho	ty Wilkin ska	ncn (c) CityRruneau	(Ranch
(d) Name of Hospital or Maternity Ho	me:	(d) Street Address or R	.F.D. No. <b>Kitty Wilkin's</b>
(e) Mother's stay <b>BEFORE</b> delivery: IN <b>THIS</b> county years	months days		HER lived in Idaho? IIVE yrs. IER (city, state)SAME AS
4. FULL NAME OF CHILD ROBERT Edward Le	······································		f Birth of Child above
7. Twin or	ee blackstone If so-born	(Month	i, day, year).Jan.31i,1891
6. Sex Male Triplet	1st, 2nd, 3rd		9 9. Legitimate? Yes
FATHER OF CHILI	D	MOTH	R OF CHILD
10. FULL NAME William Harvey Bla	ackstone	16. FULL MAIDEN	e Johnson
11. Color 12. Age a	t time		18. Age at time
or RaceWhite of TH	IS birth 40 yrs.	or Race White	of THIS birth 38 yrs.
13. Birthplac (Farm-near) Brook	r foreign country)	• 19. Birthplace Farm-lie	(State or foreign country)
14. Exact		20. Exact	omi fo
Occupation Rancher  15. Industry or Paising Cattle		Occupation Hous 21. Industry or	ew11e
15. Industry or Raising Cattle	e and norses	Business	
22. Name prophylactic used to prevent Op	hthalmia Neonatorum	e and	
23. Number of children of this mother: (a			
	,	CERTIFICATE	by born anve and now averg. 1.65
24. I HEREBY CERTIFY That I attend			at
and at the place stated above, and the	at parcanal particulare	(Born alive, still	born)
and at the place stated above, and the	at personal particulars	(First n	ame) (Last name)
related to this child as(Moth	er, etc.)		••
25. Attendant's	М.Д.	A 3.5	<b></b>
OWN signature	Midwire	Address	Date
State of Dankanne	00	AFFIDAYIT to be complete	d when the attendant does not sign
County of San Star			Item 25.
I, the undersigned, being first duly s	worn, say that I am	the find good from	of the person whose name appears
I, the undersigned, being first duly s in Item 4, above, that I am now	vears of age.	(Mother, etc.) that I have known this per:	son for 452 years, and that
(First name) (Last name)	, who attended this	(Is now deceased) or (Ca	I further state that
	ue to the best of my	knowledge, and that I desire	to have this birth recorded under
the facts on the certificate above are tru	^		
the facts on the certificate above are tru Chapter 139, 1937 Session Laws.	margi	aret Johnson	Signature
the facts on the certificate above are tru Chapter 139, 1937 Session Laws.	2- ·	aret Johnson	/ )
Chapter 139, 1937 Session Laws.	margi	set frand	Signature P. O. Address
Subscribed and sworn to before me t	Marg 204 as his 15 ff. day of	Sevember	P. O. Address 19-36-3
Subscribed and sworn to before me t	Marg 204 as his 15 ff. day of	Sevember	P. O. Address 19-36-3
Subscribed and sworn to before me to (SEAL)  (Note: Perjury is punishable as a fellow)	mar g 20 4 80 his 55 fr. day of Mary one in Idaho; see Sec.	Sevember	P. O. Address 19-36-3
Subscribed and sworn to before me t	Marg 204 as his 15 ff. day of	Sevember	P. O. Address 19-36-3

(1937 Session Laws, Chapter 139, Section 4)

	213123-016-219		
46		tion is as of date of birth of THIS chil	d) State File No.38335.7
	<u>-</u>	RTIFICATE OF BIRTH	Local Reg. No
වී දුරු		STATE OF IDAHO	Reg. Dist. No
	1. PLACE OF BIRTH (All items at time of this birth	2. USUAL RESIDENCE O	F MOTHER (At time of this birth)
	(a) County Cassia (b) City Cakle		(b) County <b>C. Q. S. S. I. Q.</b>
25¥	(c) Street Address or R.F.D. No(d) Name of Hospital or Maternity Home;	(c) City Oak/	
200	(d) Name of Hospital of Materinty Home;	(Res) (d) Street Address or R	F.D. No. 4
Idah Idah er er	(e) Mother's stay <b>BEFORE</b> delivery:	(e) How long has <b>MOT</b>	HER lived in Idaho? 5 yrs.
ail COMPL 3, Idaho, fo rder or coin	IN THIS county Ues years months	days 3. RESIDENCE OF FATE	IER (city, state) deceased
2 2 2	4. FULL NAME Chayles Emery B	Sates 5. Date o	f Birth of Child Feb. 23, 1891 n, day, year)
Ber Ber	7. Twin or 1	f so—born 8. No. months	i, day, year)
lcate. cs, Bo money		st, 2nd, 3rd of Pregnancy	9 9. Legitimate? 4/65
	FATHER OF CHILD		er of child
tist its,	10. FULL EVIN L. Bates	16. FULL MAIDEN	La Bailey
Sta	11. Color 10/1 '4 12. Age at time	17. Color 2/1 1	18. Age at time
ď.	or Race White of THIS birth 2		of THIS birth, yrs.
ita i	13. Birthplace (City or town) (State or foreign coun	19. Birthplace Gyan.	wn) (State or foreign country)
# N	14. Exact Farmet.	20. Exact Ho.	
20 ti	Occupation	Occupation 21. Industry or	ase wire,
an	Business	Business	
n c ure	22. Name prophylactic used to prevent Ophthalmia Ne	eonatorum	
	23. Number of children of this mother: (a) At time of		
bon ince	ATTE	NDANT'S CERTIFICATE	
d Star	24. I HEREBY CERTIFY That I attended the birth	h of this child, who was all ve.	at 6 A, M, on the date
를 감 다. # 2 대	and at the place stated above, and that personal p	(Born alive still	
E 88 E	related to this child as Mother	(First n	ame) (Last name)
sta reg	(Mother, etc.)	******	
<b>585</b>	25. Attendant's OWN signature	M.D. Midwife Address	Date
E SE	State of ZQQAQ		
A P	County of Cassia	<del>_</del>	d when the attendant does not sign
#5 5	-		Item 25.
BLAOK Rec FIRST-CLA sertified copy	I, the undersigned, being first duly sworn, say the		
SEE.	in Item 4, above, that I am now yea	urs of age, that I have known this per	son for
M F4 8	Saraha Bates who att	ended this hirth is now dec	eased I further state that
<u>5</u> ₽9	(Last name) the facts on the certificate above are true to the be	(Is now deceased) or (Ca	annot be located)
	Chapter 189, 1937 Session Laws.	<i>i</i>	
15 6 15 15 15 15 15 15 15 15 15 15 15 15 15		" Thulda , Bailey	Bates . Signature
A SE		Caplus	P. O. Address
102	10	day of Januar	4 1944
M M T	Subscribed and sworm to before me this / %		
ly BI enve		Ason	
only BI in enverge for 1	(SEAL) 6. J. Ja	Notary Public A	residing at Oakley Idako
ise only BI ate in enve harge for i	(Note: Perjury is punishable as a felony in Idaho	Notary Public A	residing at Oakley Idako

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JOST IS NAL

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

PLACE OF BIRTH (All liens at time of this birth) (a) County Bear Lake (b) City Georgetown. (c) Street Address or R.F.D. No		nited States epartment of C	ommerce		,20 220 110		of date of birth of THIS child.)  TE OF BIRTH		9 No. 3844
1. PLACE OF BRITH (All items at time of this birth) (a) County, Bear Lake (b) City Georgetown (c) Street Address or RFD. No (d) Name of ficeptial or Meternity Home: (e) Mothers stay BFFORE delivery: In THIS county (e) Mothers stay BFFORE delivery: In THIS county (for Triple 1st, 2nd, 3rd (for Triple 1st, 2nd, 3rd (for Triple 1st, 2nd, 3rd (for Triple 1st, 2nd, 3rd (for Triple 1st, 2nd, 3rd (for Triple 1st, 2nd, 3rd (for Triple 1st, 2nd, 3rd (for Race White of Triple 1st, 2nd, 3r		-							
(c) Steet Address or R.FD. No. (d) Name of Hespital or Materially Home. (e) Mothers stay BEFORE delivery: (in TRIS county)  4. FULL NAME  FORTHER OF CHILD  FATHER OF CHILD  10. FULL  FATHER OF CHILD  11. Color White  12. Age at time  OF CRUSH  FATHER OF CHILD  13. Birthplace  (City or town)  Cast name prophylactic used to prevent Ophthalmia Neonatorum  24. I HEREBY CERTIFY That I attended the birth of this child, who was  and at the place stated above, and that personal particulars were furnished by  who is related as.  (Mother, etc.)  25. Attendant's  OWN signature  M.D.  M.	$\overline{1}$ .	PLACE OF BI	RTH (All ite	ms at time o	of this birth)				
(c) Street Address or R.F.D. No. (d) Name of Hespitted red Migranity Highes. (e) Mothers stry REFORE delivery: in THIS county years months days  4. FULL NAME George Lessly Hess  5. Sex Mals 7. Twin or Hso-born tiplet let, 2nd, 3rd of Progenous, Nine 9, Legitimate? Yes of Progenous, Nine 9, Legitimate? Yes of Progenous, Nine 9, Legitimate? Yes of Progenous, Nine 9, Legitimate? Yes of Progenous, Nine 9, Legitimate? Yes of Race or Race or Race (City or town)  10. FULL John Henry Hess  11. Color White 12. Age at time of THIS birth.  12. Age at time of THIS birth.  13. Birthplace (City or town) (State or foreign country)  14. Exact Parmer  15. Industry or Business  16. FULL MARCH Sen Add elaide Sheffield  17. Color White 18. Age at time 39 of HIS birthplace (City or town)  18. Except (City or town) (State or foreign country)  19. Birthplace (City or town)  10. Exact Housewife  11. Color White 18. Age at time 39 of HIS birthplace (City or town)  12. Industry or Business  13. Number of children of this moiher: (a) At time of birth and including this child (b) Born clive and now living  22. Name prophylactic used to prevent Ophtholmia Neonatorum  23. Number of children of this moiher: (a) At time of birth and including this child (b) Born clive and now living  ATTENDANTS CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was.  (Born alive, stillborn)  (Born alive, stillborn)  (Cast name)  (Address Date  AFFIDAVIT  (To be completed when the attendant does not sign in Item 25.)  ACQUALILITATION  (Rist name)  (Authority of the person whose name appears in Acquality of the person whose name appears in Acquality of the person whose name appears in Acquality of the person whose name capears in Acquality of the foreign country of the person whose name capears in Acquality		(a) County.B	ear La	ke	(b) CityGeor	getown	(a) State Idaho	(b) Count	Bear La
(d) Street Address or R.F.D. No.  (e) Mothers story BEFORE delivery: in THIS country years months days  4. FULL NAME GOORGE LOSSLY HOSS OF CHILD 7. Twin or Triplet 1s.—born 1st. 2nd, 3rd  6. Sox Mals 7. Twin or 1s.—born 1st. 2nd, 3rd  6. Sox Mals 7. Twin or 1s.—born 1st. 2nd, 3rd  7. Twin or 1st. 2nd, 3rd  8. No. months Nine 9. Legitimate? Yes or Repeated No. months Nine 9. Legitimate? Yes or Rece.  10. FULL John Henry Hess Name 4I or Reces.  11. Color White 12. Age at time of THIS birth. yrs. 13. Birthplace.  14. Exact City or town) 15. Industry or Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this moiner: (a) At time of birth and including this child.  24. I HEREBY CERTIFY That I attended the birth of this child, who was the place stated above, and that personal particulars were furnished by Who is related as.  25. Attendant's Own signature  16. Sox Mals 7. Twin or 1st. 2nd or Reces.  17. Tolor White 1st. Address Date  18. No. months Mother (c) Address Or Reptace.  19. Birthplace Tenre of Hills birth. 39 or Rece.  19. Birthplace Tenre (City or town)  19. Birthplace (City or town)  20. Exact Housewife  21. Exact Housewife  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this moiner: (a) At time of birth and including this child.  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Bran alive, stillborn)  25. Attendant's M.D. Address Date  26. Attendant's M.D. Address Date  27. Attendant's M.D. Address Date  28. Count of the person whose name appears in the first dame of the person whose name appears in the their dame of the person whose name appears in the the first ame)  28. Cast same)  29. Exact Housewife Cocupation.  29. Exact Housewife Cocupation.  20. Exact Housewife Cocupation.  20. Exact Housewife Cocupation.  21. It makes the properties of the person whose name appears in the thermal the distinction of the person whose name appears in the thermal the first dame of the person whose name appears i		(c) Street Ad	dress or R.	F.D. No		••••••			
(e) How long has MOTHER lived in Idcho?  1. Triple George Lessly Hess OF CHILD  5. Dete of Birth of Child Optimity Years  6. Sax Mars Triple Ist. 2nd, 3rd  7. Twin or Ist. 2nd, 3rd  8. No. months of Pregnancy Mother Of CHILD  8. Sax Cart Mother Of CHILD  8. Sax Cart Mother Of CHILD  8. Sax Cart Housewife  8. No. months of Pregnancy Mother Of CHILD  8. Sax Cart Housewife  9. State of Children of this mother: (a) At time of birth and including this child.  9. Sax Cart Housewife  9. Sa		(d) Name of I De	lospital or l <b>liver</b> e	Maternity Ho	ome: d <b>ome</b>		-	•	
In THIS county							(e) How long has MOTH	ER lived in Idah	o?
6. Sex Male 7. Triplet 1st, 2nd, 3rd of representing the present of the place of Triplet 1st, 2nd, 3rd of representing the place of Triplet 1st, 2nd, 3rd of representing the place of Triplet 1st, 2nd, 3rd of representing the place of Triplet 1st, 2nd, 3rd of representing the place of Triplet 1st, 2nd, 3rd of Race 1st, 2nd, 3rd of Triplet 1st, 2	_				months	days			
FATHER OF CHILD  10. FULL John Henry Hess  11. Color White 12. Age at time 4T or Race (City or town) (State or foreign country)  14. Exact Coccupation. Farmer  15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. (b) Born clive and now living.  24. I HEREBY CERTIFY That I attended the birth of this child, who was and at the place stated above, and that personal particulars were furnished by.  25. Attendant's OWN signature  State of Idaho  Country of Bear Lake  16. FULL MABERS on Ade laide Sheffield  17. Color White 18. Age at time 39 or Hills birth.  19. Birthplace. (City or town) (State or foreign country)  20. Exact Occupation. Housewife Occupation.  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was and at the place stated above, and that personal particulars were furnished by.  Who is related as.  (Mother, etc.)  OWN signature  State of Tablo  Country of Bear Lake  17. Color White 18. Age at time 39 or Trunnessee  (City or town) (State or foreign country)  18. Birthplace. (City or town)  (State or foreign country  20. Exact Occupation.  (State or foreign country  21. Industry or Business  Business  (Rom alive, stillborn)  (First name)  (City or town)  (State or foreign country  22. Exact Occupation.  (State or foreign country  23. Number of children of this mother: (a) At time of birth and including this child.  (First name)  (City or town)  (State or foreign country  19. Birthplace.  (City or town)  (State or foreign country  20. Exact  Occupation  (State or foreign country  20. Exact  Occupation  (State or foreign country  20. Exact  Occupation  (State or foreign country  19. Birthplace  (City or town)  (State or foreign country  20. Exact  Occupation  (State or foreign country  19. Birthplace  (City or town)  (State or foreign country  19. Exact  Occupatio	4.		Georg			********************	5. Date of (Mont)	of Birth of Child h, day, year)	0ctI4,189
FATHER OF CHILD  NAME  John Henry Hess  11. Color White of THIS birth 12. Age cit time of THIS birth 13. Birthplace.  Utch 14. Exact Cocupation. 15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. 24. I HEREBY CERTIFY That I attended the birth of this child, who was.  and at the place stated above, and that personal particulars were furnished by.  Who is related as.  25. Attendant's OWN signature  MOTHER OF CHILD NAME  16. FULL MABERS an Adelaide Sheffield NAME  17. Color White 18. Age at time 39 of THIS birth.  Tennessee  19. Birthplace.  (City or town) (State or foreign country)  20. Exact HOUSewife Cocupation.  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child.  ATTEMDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was.  (Born slive, stillborn)  (Born slive, stillborn)  (Cast name)  (Cast name)  (Cast name)  (Cast name)  (Cast name)  ACQUAINTABLE  (Is now deceased) or (Cannot be located)  (Is now deceased) o	6	Sex Ma	1=					Nine	Legithmetes Yes
10. FULL NAME John Henry Hess 11. Color or Race or Race of THIS bitth 17. Color or Race or Race of THIS bitth 17. Color or Race (City or town) 12. Age at time 4 I yrs. 13. Bitthplace (City or town) (State or foreign country) 14. Exact (City or town) (State or foreign country) 15. Industry or Business 16. FULL MARKEN Adelaide Sheffield 17. Color or Race of THIS birth. 39 of THIS birth. 39. 18. Age at time 39. 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (State or foreign country) 19. Birthplace (City or town) (City or town) (State or foreign country) 19. Birthplace (City or town) (City or		DOR IN			CHILD	181, 2114, 014			
11. Color white of THIS birth yrs. of THIS birth yrs. Or Race of THIS birth yrs. Utch 18. Highplace (City or town) (State or foreign country)  14. Exact (City or town) (State or foreign country)  15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living.  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  and at the place stated above, and that personal particulars were furnished by (First same)  25. Attendant's (Mother, etc.)  38. OWN signature  M.D. Address Date  Midwife  AFFIDAVIT  Country of Bear Lieke Sear Mother, etc.)  39. Who attended this birth Tecorded under Chapt Season Laws Season Laws Sear Lieke Sear Liek	10.		John				16. FULL MARREN A	delaide S	Sheffield
or face	11.	. Color Wh		<b></b>	Åge at time	4 I	17. Color White	18. Age	at time 39
14. Exact Farmer  Cocupation.  Farmer  Cocupation.  Farmer  Cocupation.  Farmer  20. Exact Housewife Cocupation.  Cocupati		or nace		1.1		утв.	or Race	, of TI	HIS birth
14. Exact Cocupation. 15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child.  24. I HEREBY CERTIFY That I attended the birth of this child, who was and at the place stated above, and that personal particulars were furnished by.  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  20. Exact Housewife (Decuption.  21. Industry or Business   (Born alive, stillborn)  (First name) (Test name)  (To be completed when the attendant does not sign in Item 25.)  28. Attendant's (To be completed when the attendant does not sign in Item 25.)  29. It he undersigned, being first duly sworn, say that I am the (Mother, etc.)  29. Attendant's (To be completed when the attendant does not sign in Item 25.)  20. Lat name) (State of I am now (Mother, etc.)  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  (To be completed when the attendant does not sign in Item 25.)  20. ACQUAINTANCE (State of the person whose name appears in Country of the person whose name appears in Country of the person whose name appears in Country of the person whose name appears in Country of the person whose name appears in Country of the person whose name appears in Country of the person whose name appears in Country of the person of Cannot be located)  21. Industry (To be completed when the attendant does not sign in Item 25.)  22. Attendant's (To be completed when the attendant does not sign in Item 25.)  23. Attendant's (Noter, etc.)  24. Attendant's (Noter, etc.)  25. Attendant's (Noter, etc.)  26. Attendant's (Noter, etc.)  27. Attendant's (Noter, etc.)  28. Attendant's (Noter, etc.)  29. Attendant's (Noter, etc.)  20. Attendant's (Noter, etc.)  20. Attendant's (Noter, etc.)  21. Industry (Noter, etc.)  22. Attendant's (Noter, etc.)  23. Attendant's (Noter, etc.)  24. Attendant's (Noter, et	13	3. Birthplace	(C	ity or town)		reign country)	19. Birthplace(Cit	v or town)	(State or foreign count
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.  ATENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)  25. Attendant's OWN signature Midwife  State of Ideho  County of Bear Lake State and that personal particulars were furnished by (First name) (Last name)  I, the undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in (Mother, etc.) (Mother, etc.)  above, that I am now. 74 (Mother, etc.) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge my that I desire to have this birth recorded under Chapt 1937 Session Laws.  Subscribed and sworn to before me this 21st day of January Notary Public, residing at DECEMBER 1 (SEAL)  Notary Public, residing at DECEMBER 1 (SEAL)	14	. Exact				,	20. Exact Hous	ewife	(Sure or reverge count
Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.  ATENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name)  25. Attendant's (Mother, etc.)  26. Attendant's M.D. Address Date  COWN signature Midwife  State of Idaho  State of Idaho  Li, the undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in the Acquaintance of the Acquaintance of the Acquaintance of the Acquaintance of the Acquaintance of the Acquaintance of the Acquaintance of the Acquaintance of the Acquaintance of	15		•			***************************************		******	***************************************
ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born slive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  20. Attendant's (Mother, etc.)  20. Attendant's (Mother, etc.)  21. It he undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in (Mother, etc.)  28. Acquaintance of the person whose name appears in (Mother, etc.)  29. Acquaintance of the person whose name appears in (Mother, etc.)  20. Acquaintance of the person whose name appears in (Mother, etc.)  20. Acquaintance of the person whose name appears in (Mother, etc.)  21. Acquaintance of the person whose name appears in (Mother, etc.)  22. Acquaintance of the person whose name appears in (Mother, etc.)  23. Acquaintance of the person whose name appears in (Mother, etc.)  24. Acquaintance of the person whose name appears in (Mother, etc.)  25. Acquaintance of the person whose name appears in (Mother, etc.)  26. Acquaintance of the person whose name appears in (Mother, etc.)  27. Acquaintance of the person whose name appears in (Mother, etc.)  28. Acquaintance of the person whose name appears in (Mother, etc.)  28. Acquaintance of the person whose name appears in (Mother, etc.)  29. Acquaintance of the person whose name appears in (Mother, etc.)  29. Acquaintance of the person whose name appears in (Mother, etc.)  29. Acquaintance of the person whose name appears in (Mother, etc.)  29. Acquaintance of the person whose name appears in (Mother, etc.)  29. Acquaintance of the person whose name appears in (Mother, etc.)  29. Acquaintance of the person whose name appears in (Mother, etc.)  29. Acquaintance of the person whose name appears in (Mother, etc.)  29. Acquaintance of the person whose name appears in (Mother, etc.)  29. Acquaintance of the person	10.								
ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born slive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name)  25. Attendant's (Mother, etc.)  26. Attendant's (Mother, etc.)  27. Attendant's (Mother, etc.)  28. Attendant's (Mother, etc.)  29. Attendant's (Mother, etc.)  20. Attendant's (Mother, etc.)  20. Attendant's (Mother, etc.)  21. It he undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in (Mother, etc.)  22. Acquaintance (Is now deceased) or (Cannot be located)  23. Number of children of this mother: (a) At time of birth and including this child (Born slive, stillborn)  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born slive, stillborn)  25. Attendant's (Mother, etc.)  26. Attendant's (To be completed when the attendant does not sign in Item 25.)  27. Acquaintance of the person whose name appears in (Mother, etc.)  28. Acquaintance (Is now deceased) or (Cannot be located)  29. Subscribed and sworn to before me this 21st day of January (SEAL)  21st day of January (SEAL)  21st Day (Cannot be located)  22st Day (Cannot be located)  22st Day (Cannot be located)  23st Da	4 .								
and at the place stated above, and that personal particulars were furnished by  who is related as  (Mother, etc.)  M.D. Address  OWN signature  State of Idaho  County of Bear Lake  I, the undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in the above, that I am now years of age, that I have known this person for 52  MTS Grem  (Is now deceased) or (Cannot be located)  State that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 1937 Session Laws.  Subscribed and sworn to before me this 21st day of January  (SEAL)  Notary Public, residing at DECEMBER 1		The state of the last of the l	<u> </u>		-	irth and including	this child		
who is related as.  25. Attendant's OWN signature  State of Idaho County of Bear Lake State of Idaho County of Bear Lake State of Idaho County of Bear Lake State of Idaho I, the undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in Mother, etc.)  above, that I am now 74 years of age, that I have known this person for 52 years, an Wrs. Gran State that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapt 1937 Session Laws.  Subscribed and sworn to before me this 21st day of January Notary Public, residing at Decimals.	23	Number of c	hildren of t	his mother:	(a) At time of bi	irth and including	this child (b) Bo CERTIFICATE	orn alive and no	w living
State of Idaho County of Bear Lake State of Idaho County of Bear Lake  I, the undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in (Mother, etc.)  above, that I am now years of age, that I have known this person for 52 years, an (Pirst name)  (Rist name)  (Is now deceased I (Is now deceased) or (Cannot be located)  state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapt 1937 Session Laws.  Subscribed and sworn to before me this 21st day of January  (SEAL)  Notary Public, residing at Date  Affidate  Affida	23	Number of c	hildren of t	his mother: at I attended	(a) At time of bi	ATTENDANT'S s child, who was	this child	nn alive and no at	w living
State of Idaho County of Bear Lake State of Idaho County of Bear Lake  I, the undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in (Mother, etc.)  above, that I am now years of age, that I have known this person for 52 years, an (Rist name)  (Rist name)  (Rist name)  (Is now deceased I (Is now deceased) or (Cannot be located)  state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapt 1937 Session Laws.  Subscribed and sworn to before me this 21st day of January  (SEAL)  Notary Public, residing at Date  Affidate  Affi	23	3. Number of conditions of the part of the	children of the control of the children of the	his mother: at I attended above, and	(a) At time of bi	ATTENDANT'S s child, who was	this child	nn alive and no at	w living
State of Idaho County of Bear Lake Ss. (To be completed when the attendant does not sign in Item 25.)  I, the undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in Mother, etc.)  above, that I am now 74 years of age, that I have known this person for 52 years, an Mrs. Grem. (Milwife) who attended this birth is now deceased I (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapte 1937 Session Laws.  Subscribed and sworn to before me this 21st day of January Island Notary Public, residing at December 1937 CEAL Notary Public Pu	23	3. Number of conditions of the part of the	children of the control of the children of the	his mother: at I attended above, and	(a) At time of bi	ATTENDANT'S s child, who was	this child	nn alive and no at	w living
County of Bear Lake (To be completed when the attendant does not sign in Item 25.)  I, the undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in above, that I am now years of age, that I have known this person for 52 years, and (First name) (Last name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge me that I desire to have this birth recorded under Chapter 1937 Session Laws.  Subscribed and sworn to before me this 21st day of January Notary Public, residing at DECEMBER 1	23 24	3. Number of control of the purchase of the pu	ERTIFY The	his mother: at I attended above, and	(a) At time of bi	ATTENDANT'S s child, who was articulars were fu	g this child	nn alive and no at	M. on the
I, the undersigned, being first duly sworn, say that I am the Acquaintance of the person whose name appears in above, that I am now 74 years of age, that I have known this person for 52 years, and (First name) (Last name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 1937 Session Laws.  Subscribed and sworn to before me this 21st day of January 1941 NOTARY PLICE (SEAL)  Notary Public, residing at DECEMBER 1	23 24 25	3. Number of control of the property of the pr	hildren of the ERTIFY The clace stated ed as	this mother:  at I attended  above, and  (Mother)	(a) At time of bi	ATTENDANT'S s child, who was articulars were fu	g this child	nn alive and no at	M. on the
above, that I am now. 74  where Green (Mother, etc.)  Wrs. Green (Midwife) (Last name) (Last name) (Is now deceased) or (Cannot be located)  state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 1937 Session Laws.  Subscribed and sworn to before me this 21st day of January Notary Public, residing at DECEMBER 1	23 24 25 Sto	3. Number of control of the second at the purchase who is related. Attendant's OWN signated of the second of the s	ERTIFY The clace stated as	his mother: at I attended above, and (Mothe	(a) At time of bid the birth of this that personal per, etc.)	ATTENDANT'S s child, who was articulars were fu	this child	ame)	
above, that I am now years of age, that I have known this person for years, and Mrs. Grem, midwife (Last name) who attended this birth is now deceased. I (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 1937 Session Laws.  Subscribed and sworn to before me this 21st day of January 1944 NOTARY PUBLICATION OF THE LIEF (SEAL)  Notary Public, residing at DECEMBER 1	23 24 25 Sto	3. Number of control of the property of the pr	ERTIFY The clace stated as	at I attended above, and (Mother)	(a) At time of bid the birth of this that personal per, etc.)	ATTENDANT'S s child, who was articulars were fu  M.D. Midwife	this child	ame)	(Last name)  Date  n in Item 25.)
Mrs. Grem, (midwife) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 1937 Session Laws.  Subscribed and sworn to before me this 21st day of January 1944 NOTARY PLIES (SEAL)  Notary Public, residing at DECEMBER 1	23 24 25 Sto	3. Number of control of the property of the pr	ERTIFY The clace stated as	at I attended above, and (Mother)	(a) At time of bid the birth of this that personal per, etc.)	ATTENDANT'S s child, who was articulars were fu  M.D. Midwife	this child	an alive and not ame)  VIT lant does not sign e person whose	(Last name)  Date  n in Item 25.)  name appears in I
state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 1937 Session Laws.  Signostribed and sworn to before me this 21st day of January  (SEAL)  Notary Public, residing at DECEMBER 1	23 24 25 Sto	B. Number of control of the property of the pr	ERTIFY The clace stated as	this mother:  at I attended above, and (Mother)  (Mother)	(a) At time of bid the birth of this that personal per, etc.)	ATTENDANT'S s child, who was articulars were fu  M.D. Midwife	this child	an alive and not ame)  VIT lant does not sign e person whose	(Last name)  Date  n in Item 25.)  name appears in I
Subscribed and sworn to before me this 21st day of January  (SEAL)  Signature Subscribed and sworn to before me this 21st Day of January  Notary Public, residing at DECEMBER 1	23 24 25 Sto	B. Number of control of the second at the property of the under cove, that I am Mrs.	ERTIFY The clace stated as	this mother:  at I attended above, and (Mother)  BLE mag first duly	(a) At time of bid the birth of this that personal per, etc.)  ss.  sworn, say that	ATTENDANT'S s child, who was articulars were fu  M.D. Midwife  I am the	this child	vit dant does not sign e person whose 52 s now de	(Last name)  Date  n in Item 25.)  name appears in I  years, an
Subscribed and sworn to before me this 21st day of January  (SEAL)  Montpeller, Idaho  LEV RA  NOTARY PL  MOTARY PL  MY COMMISSION  NOTARY Public, residing at DECEMBER 1	23 24 25 Sto Co	and at the r who is relat Attendant's OWN signal ate of L, the under ove, that I an MTS CFirst ate that the face	hildren of the ERTIFY The clace stated as the ed as the	at I attended above, and (Mother)  Blke  ng first duly	(a) At time of bid the birth of this is that personal per, etc.)  ss.  sworn, say that  (Last Garden and Last	ATTENDANT'S s child, who was articulars were fu  M.D. Midwife  I am the	this child	vit lant does not sign e person whose 52 s. now den	(Last name)  Date  n in Item 25.)  name appears in I  years, an  Cessed I
Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and sworn to before me this 218t day of Subscribed and Subscribed a	23 24 25 Sto Co	and at the r who is relat Attendant's OWN signal ate of L, the under ove, that I an MTS CFirst ate that the face	hildren of the ERTIFY The clace stated as the ed as the	at I attended above, and (Mother)  Blke  ng first duly	(a) At time of bid the birth of this is that personal per, etc.)  ss.  sworn, say that  (Last Garden and Last	ATTENDANT'S s child, who was articulars were fu  M.D. Midwife  I am the	Acquaintance  (Mother, etc.) I have known this person formshow that I desire to have the completed that I desire to have the completed that I desire to have the completed that I desire to have the completed that I desire to have the completed that I desire to have the complete that I desire the complete the complete that I desire the complete the complete the complete the complete that I desire the complete	vit does not sign e person whose 52  s. now de deceased) or (Cannive this birth reco	(Last name)  Date  n in Item 25.)  name appears in I  years, an  Cessed I
(SEAL) Notary Public, residing at DECEMBER 1	23 24 25 Sto Co	and at the r who is relat Attendant's OWN signal ate of L, the under ove, that I an MTS CFirst ate that the face	hildren of the ERTIFY The place stated as the ed as the	mat I attended above, and (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)	(a) At time of bid the birth of this is that personal per, etc.)  ss.  sworn, say that  (Last Garden and Last	ATTENDANT'S s child, who was articulars were fu  M.D. Midwife  I am the	Acquaintance  (Mother, etc.) I have known this person for mowledge and that I desire to have a certain to have the control of	with a does not sign a person whose 52 s. now declared or (Cannow this birth recommendation).	(Last name)  Date  In in Item 25.)  name appears in I  years, and  ceased I  of be located)  orded under Chapte
(SEAL) Notary Public, residing at DECEMBER.	23 24 25 Sto Co	and at the r who is relat Attendant's OWN signal ate of L, the under ove, that I an MTS CFirst ate that the face	hildren of the ERTIFY The place stated as the ed as the	mat I attended above, and (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)  (Mother)	(a) At time of bid the birth of thid that personal per, etc.)  ss.  sworn, say that  (Lastove are true to	ATTENDANT'S s child, who was articulars were fu  M.D. Midwife  I am the cars of age, that t name) the best of my kr	Address  AFFIDA To be completed when the attend (Mother, etc.) I have known this person for who attended this birth who attended this birth who whedge and that I desire to he moveledge and that I desire to he moveledge and that I desire to he moveledge and that I desire to he moveledge.	vit does not sign e person whose 52  s now deceased or (Cannow this birth reco	(Last name)  Date  In in Item 25.)  name appears in I  years, and  ceased I  of be located)  orded under Chapte
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	23 24 25 Sto Co	3. Number of control of the second at the property of the second of the	ERTIFY The clace stated and as a signed, being a now mame) that on the covs.	cat I attended above, and (Mother above) and (Mother above) and (Mother above) are first duly 7.	(a) At time of bid the birth of this is that personal per, etc.)  ss.  sworn, say that  (Lastove are true to	ATTENDANT'S s child, who was articulars were fu  M.D. Midwife  I am the cars of age, that t name) the best of my kr	Address  AFFIDA To be completed when the attend (Mother, etc.) I have known this person for who attended this birth who attended this birth who whedge and that I desire to he moveledge and that I desire to he moveledge and that I desire to he moveledge and that I desire to he moveledge.	vit does not sign e person whose 52  s now deceased or (Cannow this birth reco	(Last name)  Date  (Last name)  Date  n in Item 25.)  name appears in I  years, an  ceased I i  ot be located)  orded under Chapte  Sig
· · · · · · · · · · · · · · · · · · ·	23 24 25 Sto Co	3. Number of control of the second at the property of the second of the	ERTIFY The clace stated and as a signed, being a now mane) and sworn and sworn	cat I attended above, and (Mother above, and (Mother above) and (Mother above) are first duly 7.	(a) At time of bid the birth of this that personal perer, etc.)  ss.  sworn, say that  (Lastove are true to be this 218	ATTENDANT'S s child, who was articulars were fu  M.D. Midwife  I am the ars of age, that t name) the best of my kr	Address  AFFIDA To be completed when the attend Acquaintance of the (Mother, etc.) I have known this person for	vit and not sign ame)  VIT lant does not sign e person whose 52  s now deceased) or (Cannow this birth recovered the control of the control o	M. on the (Last name)  Date  In in Item 25.)  name appears in I years, and the located order Chapter Sign Control of the located order Chapter Sign Control order Chapter S

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(1937 Session Laws, Chapter 139, Section 4)

Bureau of the Census  STATE OF IDAHO  Reg. Dist. No	Department of Commerce	•	us of date of birth of THIS ATE OF BIRTH	Schild) State File No
(a) County Bammed (b) City County (c) Street Address or R.F.D. No	-	,		Reg. Dist. No
4. FULL NAME  OF CHILD  OF CHILD  1. Sex femal 7. Twin or Triplet 1st, 2nd, 3rd  1. Color  OF Race 1st, 2nd 2st time or Race 1st, 2nd 2st time or Race (City or town)  1. Color  OF THIS birth 1st, 2nd 2st time or Race (City or town)  1. Exact (City or town)  1. Exact (City or town)  1. Industry or Business  2. Name prophylactic used to prevent Ophthalmia Neonatorum  23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living the place stated above, and that personal particulars were furnished by (First name)  25. Attendant's OWN signature  M.D. Midwife Address  Date  AFFIDAVIT to be completed when the attendant does county of the person whose name and at the place in Item 25.  I, the undersigned, being first duly sworn, say that I am the Uncle for the person whose name (Mother etc.)  Occupation (Istate or foreign or 21. Industry or Rusiness)  AFFIDAVIT to be completed when the attendant does in Item 25.  AFFIDAVIT to be completed when the attendant does in Item 25.	(a) County	(b) City	(a) State	s or R.F.D. No
OF CHILD.  7. Twin or 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate?  10. FILL FATHER OF CHILD 11. Color or Race. What make time or Race. What			3. RESIDENCE OF FA	THER (city, state) Dempsey
FATHER OF CHILD  10. FULL NAME. William Kickel Modifier or Race. What I am the william Kickel Modifier or Race. What I am the william Kickel Modifier or Race. What I am the william Kickel Modifier or Race. What I am the william Kickel Modifier or Race. What I am the william Kickel Modifier or Race. What I am the work of THIS birth. 20.  11. Color 12. Age at time or Race. What I am the Worker stell.  12. Age at time or Race. What I am the Worker stell.  13. Birthplace. City or town) (State offeriga country)  14. Exact Occupation State of THIS birth. 20.  15. Industry or Business  16. FULL MAIDEN NAME. 18. Age at time or Race. What I am the Worker stell.  16. FULL MAIDEN NAME. WORTHER OF CHILD  18. Age at time or Race. What I am the Worther stell.  19. Birthplace. City or town) (State of Foreign of THIS birth. 20.  19. Exact City or town) (State of Foreign of THIS birth. 20.  19. Birthplace. City or town) (State of Foreign of THIS birth. 20.  19. Birthplace. City or town) (State of Foreign of THIS birth. 20.  19. Birthplace. City or town) (State of Foreign of THIS birth. 20.  19. Birthplace. City or town) (State of Foreign of THIS birth. 20.  19. Birthplace. City or town) (State of Foreign of THIS birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth. 20.  19. Birthplace. City or town) (State of Foreign of This birth and City	of CHILD COOL CL	**************************************	(M	Ionth, day, year)
10. FULL NAME William Richard Bookhay 11. Color 12. Age at time or Race. What I was a state of THIS birth 17. Yrs.  13. Birthplace (City or town) (State of oreign country)  14. Exact Occupation Surface What I was a state of the state of th		——————————————————————————————————————		
22. Name prophylactic used to prevent Ophthalmia Neonatorum.  23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now livin ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on and at the place stated above, and that personal particulars were furnished by(Born alive, stillborn)  25. Attendant's(Mother, etc.)  26. Attendant's	10. FULL William  11. Color or Race	2. Age at time of THIS birth. 27 yrs.  (State offoreign country)  (State offoreign country)	16. FULL MAIDEN NAME	arah amelie avery  18. Age at time of THIS birth 20 y or town) (State or foreign country)
24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on	<ul><li>22. Name prophylactic used to j</li><li>23. Number of children of this</li></ul>	mother: (a) At time of birth	and including this child	(b) Born alive and now living
and at the place stated above, and that personal particulars were furnished by	04 I HEDERY CERTIFY The			at M. on the d
State of Idaho Sannock ss.  AFFIDAVIT to be completed when the attendant does in Item 25.  I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name	and at the place stated aborelated to this child as	ove, and that personal particul (Mother, etc.) M.D.	ars were furnished by	(First name) (Last name)
I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name				leted when the attendant does not s in Item 25.
1. There A shows that I are now 60 wooms of ago that I have known this person for 52 years	I, the undersigned, being fir	rst duly sworn, say that I am t	the Uncle	of the person whose name appe
Nancy By instan , who attended this birth is now deceased I further st	ancy Brington	, who attended	that I have known this p this birthisnowde.c (Is now deceased)	eased I further state to (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth records.  Chapter 139, 1937 Session Laws.  Blave Hot Springs, Ida P.O.	the facts on the certificate abo Chapter 139, 1937 Session Laws	ve are true to the best of my	Rhowledge, and that I de la Carenal H. C. Lava Hot Spri	lesire to have this birth recorded un Signat ngs, Ida P.O. Adda
Subscribed and sworn to before me this 19, day of January 19.44.		efore me this 19. day	of January	
(SEAL) Notary Public, residing at Lava Hot Spring (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)		IANUAY OF SUCCESS	Notary Public.	residing at. Hava. Hat Continue

(1937 Session Laws, Chapter 139, Section 4)

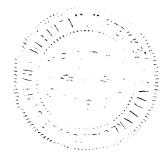
(1937 Session Laws, Chapter 139, Section 4)

415-1212 1322-993 United States (Be sure the information is as of date of birth of THIS child) State File No..... Department of Commerce Local Reg. No..... CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No.... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Fremen (b) City Willow (c) Street Address or R.F.D. No..... (c) City Waltona (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) Mother's stay **BEFORE** delivery: (e) How long has MOTHER lived in Idaho? 3. RESIDENCE OF FATHER (city, state) IN THIS county years months davs 5. Date of Birth of Child G 4. FULL NAME BUNA 7. Twin or If so-born 8. No. months 6. Sex Female Triplet 1st, 2nd, 3rd of Pregnacy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN ( mma Seua K NAME. NAME..... 11. Color 12. Age at time 17. Color 18. Age at time or Race. W of THIS birth. of THIS birth... 13. Birthplace...... 19. Birthplace (City or town) (State or foreign cou Messe ..... (City or town) (State or foreign country) (State or foreign country) 20. Exact. Exact Occupation house Occupation Family 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) 25. Attendant's M.D. Midwife Address Date OWN signature State of Jan AFFIDAVIT to be completed when the attendant does not sign County of Lean in Item 25. I, the undersigned, being first duly sworn, say that I am the of the person whose name appears (Mother, etc.) in Item 4 glove, that I am now years, and that I have known this person for years, and that Hammona,, who attended this birth 19 (Is now deceased) or (Cannot be located) (First name) (Last name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. 🕰 Signature Subscribed and sworn to before me this 18/4 ...., Imake Notary Public, residing at mmett & a (SEAL) (Note: Perjury is punishable as a delony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on FEB 2.5 1944 by

(1937 Session Laws, Chapter 139, Section 4)

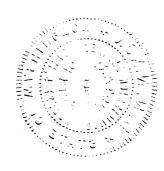
255-216-022-993 United States State File No... (Be sure the information is as of date of birth of THIS child.) CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... requires Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (b) City / C2 (b) County Trlmsn (c) Street Address or R.F.D. No...... Rexbrus (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. (No..... (e) How long has MOTHER lived in Idaho?.. (e) Mothers stay **BEFORE** delivery: In THIS county months 3. RESIDENCE OF FATHER (city, state) vears days 4. FULL NAME 5. Date of Birth of Child If so-born 8. No. months Twin or Triplet 1st, 2nd, 3rd 9. Legitimate? of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME /Y/L/X 12. Age at time Color 18. Age at time of THIS birgh...2 of THIS birth. 13. Birthplace 13a 19. Birthplace... (City or town) (City or town) State or foreign country) (State or foreign country) 14. Exact Exact Occupation... Occupation.... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum....... ATTENDANT'S CERTIFICATE who is related as....(Mother, etc.) M.D. Address 25. Attendant's Date Midwife **OWN** signature Uta State of..... **AFFIDAVIT** County of Salt Fake (To be completed when the attendant does not sign in Item 25.) \_\_\_\_\_of the person whose name appears in Item 4, (Mother, etc.) above, that I am now 7.6 years of age, that I have known this person for years, and that state that the lacts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139. 1937 Session Laws. Subscribed and sworn to before me this MY COMMISSION EXPIRES ADS. 27, 1947 Semite Notary Public, residing at Sall Lakelit (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on... Registrar.

(1937 Session Laws, Chapter 139, Section 4)



State File No....386010 (Be sure the information is as of date of birth of THIS child.) Department of Commerce CERTIFICATE OF BIRTH Local Rea. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Ada (b) City Boise (a) State Idaho (b) County Ada (c) Street Address or R.F.D. No. None (c) City..... (d) Name of Hospital or Maternity Home: Born at home (d) Street Address or R.F.D. No. None (e) How long has MOTHER lived in Idaho? 4 vrs. (e) Mothers stay **BEFORE** delivery: In THIS county years months davs 3. RESIDENCE OF FATHER (city, state) Boise. Idaho 4. FULL NAME 5. Date of Birth of Child (Month, day, year) Jan 18, 1891 Winifred Irene Patterson OF CHILD 7. Twin or If so-born 8. No. months for filing. of Pregnancy Unknown 9. Legitimate? Yes 6. Sex Female Triplet No---1st, 2nd, 3rd FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Lucy S. Peck John William Patterson NAME 11. Color 12. Age at time 17. Color 18. Age at time White of THIS birth 22 yrs. White of THIS birth 20 vrs or Bace or Race Boise Kansas Idaho 13. Birthplace..... 19. Birthplace Topeka (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation Housewife Occupation Farmerr 15. Industry or 21. Industry or Business Business ATTENDANT'S CERTIFICATE who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date Midwife OWN signature **AFFIDAVIT** County of Ky (To be completed when the attendant does not sign in Item 25.) .....of the person whose name appears in Item 4, (Mother, etc.) years of age, that I have known this person for Sime Uk years, and that above, that I am now..... Ter, who attended this birth. Us NOW (Is now deceased) or (Cannot be located) (Last name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this. Notary Public, residing at Matthe, Was (Note: Perjary is punished) as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated Y COMW Received for filing on

(1937 Session Laws, Chapter 139, Section 4)



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Z	$\mathbf{D}$	epartment of Commerce	•			OF BIRTH		Local Reg. No	
è i		ureau of the Census			TATE OF	IDAHO		Reg. Dist. No	
, for filing.	1.	PLACE OF BIRTH (Al (a) County D. A. M. C. (c) Street Address or R. (d) Name of Hospital o	7.C/Y (b) City R.F.D. No	POCALE	とてり	(a) State (c) City	4.60(b	) County BA.	YNOCK
5 2		(u) Name of Hospital of	r Maternity noi	ne:		(d) Street Add	ress or R.F.D.	No	
Idaho, er or	•	(e) Mother's stay <b>BEF</b> (IN <b>THIS</b> county	ORE delivery: years	months	days	(e) How long h 3. RESIDENCE		lived in Idaho? (city, state)	Zyrs.
ioise, y ord	4.	FULL NAME OF CHILD	SARAH	FRAI	NC18			th of Child 3-3	1-1891
cs, Bo money	6.		Twin or Friplet	11 s 1st,	so—born 2nd, 3rd		months $g$	9. Legitimat	e?Yes.
Statistics, cents, mo	10	FULL WILL IA M	LLEWL	YN FRA	ANCIS	16. FULL MAID	· · · · · · · · · · · · · · · · · · ·	CHILD DAVIS.	
fty ce		or Race WH/7 Birthplace CARL	12. Age at of TH	t time IS hirth 3 9 W41 E 8	yrs.	17. Color Who or Race Who 19. Birthplace S	1. 1	Age at time of THIS birth.	79 yrs.
N T		(City or tow	vn) (State o	r foreign countr	y)	20. Exact	(City or town)		country)
it o		Occupation BOLL	EITMAN	EN		Occupation 21. Industry or	HOUSE	WIRE	
est.		Business MA/L	ROAD S	HOPS.		Business			
P S		2. Name prophylactic use					,,		<u>.</u>
e 8	23	Number of children of	this mother: (a				1 <b>7</b> (b) B	orn alive and now	living 3,
State Bureau advance payme	24	I HEREBY CERTIFY		ed the birth	of this c	/D	· alima adillhama\		
9.8		and at the place stated	d above, and tha	it personal pa	rticulars v	were furnished by.	(First name)	(Last name	, who is
rea rea		related to this child as	(Moth	er, etc.)				•	,
od in	25	i. Attendant's OWN signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		M.D. Midwife	Address		Date	
ASS P	St	ate of earfor	,		А	FFIDAVIT to be	completed who	en the attendant d	loes not sign
CLA	Co	ounty of Zolon	geles !	SS.		P. 1.	in Item		J
Ped		I, the undersigned, be	10			(Mother atc	1	e person whose na	ame appears
g FIRST-CLASS certified copy re	iŋ 	ttem 4, above, that I a				that I have known	this person for	red - I further	rs, and that er state that
bearing Each	$\alpha$	(First name) he facts on the certificat hapter 139, 1937 Session	(Last name) te above_are tru			(Is now decea	(sed) or (Cannot i	ave this birth rec	orded under
envelope l	$\cdot_{j}$	Commission Expires March	1 25, 1940	V 1.40	819	18 La B	rece	TACA	Signature . O. Address
,		Subscribed and swor	tobefore me t		day of	Februa Notary	. Dublic	<u>, 6</u> , 1	9.44
erge in		(SEAL) (Note: Perjury is pun	ishable as a fel	ony in Idaho;	see Sec. 1	17-914, Idaho Code	Annotated.)	ng at A Co	EX.
Se se se se se se se se se se se se se se	R	eceived for filing on		3 8 - 1944	b	y	label FL	duc.	., Registrar.

(1937 Session Laws, Chapter 139, Section 4)

		1			of date of birth of THIS		tate File No
-	artment of Commerce		•		E OF BIRTH		ocal Reg. No
	au of the Census		f 41 ( - 1.1.11 )		F IDAHO		eg. Dist. No
1. P.	LACE OF BIRTH (All it	tems at time of	this birth)	)EV			At time of this birth)
							o) County BLANE
	c) Street Address or F				(c) City. CA	REY .	
(d	d) Name of Hospital or	-			(d) Street Addres	s or R.F.D. No.	
			***************************************	*****************************			d been
(0	Mothers stay <b>BEFOR</b> In <b>THIS</b> county		a months	days	3. RESIDENCE OF	rs MOTHER lived FATHER (city, state	in Idaho?
	ULL NAME MON	TIE A	LBERT J	AVIES	•	5. Date of Birth of	Child May 20,
·	of Child	7. Twin or	.cr.m/.s./.i	If so—born	8. No. 1	(Month, day,	year)
6. S	ex MALE		No	lst, 2nd, 3rd		egnancy 9	9. Legitimate?
	F	ATHER OF C	HILD		<u> </u>	MOTHER OF	
	FULL WALT	ER B.	DAVIES		16. FULL MAIDEN	H . 11 20	1 DADE
_				***************************************	NAME	LIULDH	H PARKE
11. (	Color or Race WHIT	12.	Age at time of THIS birth	<b>4</b>	17. Color or Race	1	8. Age at time of THIS birth
	1 4 ./ \		ENGLA			IT LANG	
13.	bir inpiace	City or town)	(State or forei	******	19. Birthplace 5.	(City or town)	(State or foreign co
14. 1	Fract	,		er overeng /	20. Exact		•
	Occupation AA		Landing and John !			OUSEWIE	<b>C</b>
	Industry or Business				21. Industry or Business		
	business		<del></del>		j business		
22. ]	Name prophylactic use	ed to prevent	Onhthalmia Maan	_			
		ou to provont	Ophinamia Neon	atorum			***************************************
					<b>1</b>		and now living
				h and including	<b>1</b>		4
23.	Number of children of	this mother:	(a) At time of birt	h and including ATTENDANT'S	this child	(b) Born alive	4
23. ] 24. ]	Number of children of  I HEREBY CERTIFY TI	this mother:	(a) At time of birt	ATTENDANT'S child, who was	this child	(b) Born alive	and now living
23. 1 24. 1	Number of children of  I HEREBY CERTIFY TI and at the place state	this mother:  hat I attended  d above, and	(a) At time of birt the birth of this that personal par	ATTENDANT'S child, who was	this child	(b) Born alive	and now living
23. 1 24. 1	Number of children of  I HEREBY CERTIFY TI and at the place state	this mother:  hat I attended  d above, and	(a) At time of birt the birth of this that personal par	ATTENDANT'S child, who was	this child	(b) Born alive	and now living
23.   24.	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as	this mother:  hat I attended  d above, and	(a) At time of birt the birth of this that personal par	h and including ATTENDANT'S child, who was ticulars were fu	CERTIFICATE  (Born alive, sti	(b) Born alive	and now living
23. 1 24. 1 25. 2	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's	this mother:  hat I attended  d above, and	(a) At time of birt the birth of this that personal par	ATTENDANT'S child, who was ticulars were fu M.D.	this child	(b) Born alive	and now living
23. l 24. l	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's  OWN signature,	this mother:  hat I attended  d above, and	(a) At time of birt the birth of this that personal par	h and including ATTENDANT'S child, who was ticulars were fu	CERTIFICATE  (Born alive, sti	(b) Born alive	and now living
23. 1 24. 1 25. 2	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature	this mother:  hat I attended  d above, and	(a) At time of birt the birth of this that personal par	h and including ATTENDANT'S child, who was ticulars were fu M.D. Midwife	(Born alive, sti	(b) Born alive  at.  (First name)  AFFIDAVIT	and now living
23. 1 24. 1 25. 2 State	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature of	this mother: that I attended d above, and (Mother	(a) At time of birth the birth of this that personal par r, etc.)	h and including ATTENDANT'S child, who was ticulars were fu M.D. Midwife	(Born alive, stirrnished by Address	(b) Born alive  (c) (at. at. at. at. at. at. at. at. at. at.	cand now living
23. 1 24. 1 25. 2 State	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature	this mother: that I attended d above, and (Mother	(a) At time of birth the birth of this that personal par r, etc.)	h and including ATTENDANT'S child, who was ticulars were fu M.D. Midwife	(Born alive, stirrnished by Address  To be completed when the strict of	(b) Born alive  (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	and now living
23. 1 24. 1 25. 2 State Coun	Number of children of  I HEREBY CERTIFY TI and at the place states who is related as  Attendant's OWN signature of  of  It, the undersigned, be	this mother: that I attended d above, and (Mother ing first duly	(a) At time of birt the birth of this that personal par r, etc.) ss. sworn, say that I	ATTENDANT'S child, who was ticulars were fu M.D. Midwife	(Born alive, stirrnished by	(First name)  AFFIDAVIT he attendant doesof the person	Cand now living
23. 1 24. 1 25. 2 State Coun	Number of children of  I HEREBY CERTIFY TI and at the place states who is related as  Attendant's OWN signature of  of  It, the undersigned, be	this mother: that I attended d above, and (Mother ing first duly	(a) At time of birt the birth of this that personal par r, etc.) ss. sworn, say that I	ATTENDANT'S child, who was ticulars were fu  M.D. Midwife  am the	(Mother, etc.) (Ithis child (Born alive, stirrished by (Born alive, stirris	(First name)  AFFIDAVIT the attendant does on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person on for ALL  in the person	Date  not sign in Item 25.) whose name appears i
23. 1 24. 1 25. 2 State Coun	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature of  I, the undersigned, be re, that I am now	this mother: that I attended d above, and (Mother Lie)	(a) At time of birt the birth of this that personal par r, etc.)  ss. sworn, say that I	ATTENDANT'S child, who was ticulars were fu  M.D. Midwife  am the	(Born alive, stirrnished by	(First name)  AFFIDAVIT he attendant does on for ALL word	Date  not sign in Item 25.) whose name appears i
23. 1 24. 1 State Coun abov	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature of  I, the undersigned, be re, that I am now  (First name) of that the facts on the	this mother: that I attended d above, and (Mother Lie) and first duly 7/ MRS	(a) At time of birt the birth of this that personal par r, etc.)  sworn, say that I	ATTENDANT'S child, who was ticulars were fu  M.D. Midwife  am the  s of age, that I	(Born alive, stirnished by	(b) Born alive  (c) (c) (d) Born alive  (d) (d) Born alive  (d) AFFIDAVIT  (e) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Date  not sign in Item 25.) whose name appears i
23. 1 24. 1 State Coun abov	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature of  of  I, the undersigned, be re, that I am now	this mother: that I attended d above, and (Mother Lie) and first duly 7/ MRS	(a) At time of birt the birth of this that personal par r, etc.)  sworn, say that I	ATTENDANT'S child, who was ticulars were fu  M.D. Midwife  am the  s of age, that I	(Born alive, stirnished by	(b) Born alive  (c) (c) (d) Born alive  (d) (d) Born alive  (d) AFFIDAVIT  (e) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	mod now living
23. 1 24. 1 State Coun abov	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature of  I, the undersigned, be re, that I am now  (First name) of that the facts on the	this mother: that I attended d above, and (Mother Lie) and first duly 7/ MRS	(a) At time of birt the birth of this that personal par r, etc.)  sworn, say that I	ATTENDANT'S child, who was ticulars were fu  M.D. Midwife  am the  s of age, that I	(Born alive, stirnished by	(b) Born alive  (c) (c) (d) Born alive  (d) (d) Born alive  (d) AFFIDAVIT  (e) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	mod now living
23. 1 24. 1 State Coun abov	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature of  I, the undersigned, be re, that I am now  (First name) of that the facts on the	this mother: that I attended d above, and (Mother Lie) and first duly 7/ MRS	(a) At time of birt the birth of this that personal par r, etc.)  sworn, say that I	ATTENDANT'S child, who was ticulars were fu  M.D. Midwife  am the  s of age, that I	(Born alive, stirnished by	(b) Born alive  (c) (c) (d) Born alive  (d) (d) Born alive  (d) AFFIDAVIT  (e) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	mod now living
23. 24. 1 Country of the state	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature  of  I, the undersigned, be re, that I am now  (First name) that the facts on the Session Laws.	this mother: that I attended d above, and (Mother ing first duly 7/ MRS certificate abo	(a) At time of birth of this that personal par r, etc.)  ss.  sworn, say that I CARE, (Last nove are true to the	ATTENDANT'S child, who was ticulars were fu  M.D. Midwife  am the s of age, that is ame) be best of my kn	(Born alive, stirnished by	(b) Born alive  (c) (c) (d) Born alive  (d) (d) Born alive  (d) AFFIDAVIT  (e) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	mod now living
23. 24. 1 Country of the state	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature, of  I, the undersigned, be re, that I am now  (First name) that the facts on the Session Laws.	this mother: that I attended d above, and (Mother ing first duly 7/ MRS certificate abo	(a) At time of birth of this that personal par r, etc.)  ss.  sworn, say that I CARE, (Last nove are true to the	ATTENDANT'S child, who was ticulars were fu  M.D. Midwife  am the  ame) be best of my kn	(Born alive, stirnished by Address To be completed when the following of the completed when the following of the complete design of the c	(First name)  AFFIDAVIT the attendant does on for ALL (Is now deceased) sire to have this because the same to the	mand now living
23. 1 24. 1 State Coun abov	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature  of  I, the undersigned, be re, that I am now  (First name) that the facts on the Session Laws.	this mother: that I attended d above, and (Mother ing first duly 7/ MRS certificate about to before me	(a) At time of birth of this that personal par r, etc.)  ss.  sworn, say that I CARE, (Last nove are true to the care true true true true true true true tr	ATTENDANT'S child, who was ticulars were fu  M.D. Midwife  am the	(Born alive, stirnished by Address  To be completed when the following of the completed when the following of the completed when the following of the complete	(First name)  AFFIDAVIT the attendant does on for all to the local district to have this because the start of the person of the	mod now living
23. 1 24. 1 32. 225. 4 32. 225. 4 32. 32. 32. 32. 32. 32. 32. 32. 32. 32.	Number of children of  I HEREBY CERTIFY TI and at the place state who is related as  Attendant's OWN signature, of  I, the undersigned, be re, that I am now  (First name) that the facts on the Session Laws.  Subscribed and sworn (SEAL) (Note: Perjury is pusi	this mother: that I attended d above, and (Mother ing first duly 7/ MRS certificate about to before me	(a) At time of birth of this that personal part, etc.)  ss. sworn, say that I year (Last pove are true to the this this personal part over the total part over the tot	ATTENDANT'S child, who was ticulars were fu  M.D. Midwife  am the s of age, that I	(Born alive, stirnished by Address To be completed when the following of the completed when the following of the complete design of the c	(First name)  AFFIDAVIT the attendant does of the person on for all in (Is now deceased) sire to have this b	mand now living

(1937 Session Laws, Chapter 139, Section 4)

	- 1	18.105029.168			***	
2 8	Un	uited States	(Be sure the	information is as o	f date of birth of THIS child.)	State File No38.75.2
envelope bearin copy requires a	De	partment of Commerce		CERTIFICATE	OF BIRTH	Local Reg. No
정념	Bu	reau of the Census		STATE OF	IDAHO	Reg. Dist. No
0 F		PLACE OF BIRTH (All items at			2. USUAL RESIDENCE OF MOTH	IER (At time of this birth)
경 .		(a) County LATAH	(b) City <b>MOS</b> C	OW	(a) State IDAHO	(b) County LATAH
n Q		(c) Street Address or R.F.D. N	o none		(c) City MOSCOW	
E G		(d) Name of Hospital or Matern				NONE IS
		none	*****		(d) Street Address or R.F.D. N	
ert e		(e) Mothers stay <b>BEFORE</b> deliv				ived in Idaho? TWO YEARS.
# 2	_	In THIS county 1 yr ye	ears 11 months	15 days	3. RESIDENCE OF FATHER (city	
COMPLETED certificate for filing. Each certific	4.	FULL NAME OF CHILD CLYDE LI	NUS JOHNSON	•	5. Date of Bi	
B <sub>m</sub>		7. Tw		If so—born	8. No. months	ау, уеаг)
	6.		iplet	1st, 2nd, 3rd		NK 9. Legitimate? YRS
MPLEI filing.			OF CHILD			R OF CHILD
ប្តីដ	10.	FULL NAME OSCAR ALF	RED JOHNSO	N	16. FULL MAIDEN EMILY	ANDERSON JOHNSON
# •	11.	Color	12. Age at time		17 C-1	18. Age at time
Mail arge		or RaceWHITE	of THIS birth	26 yrs.	or Race WHITE	of THIS birth24yrs.
	13.	. BirthplaceOTISCO	MINNESOTA		19. Birthplace OTISCO	MINNESOTA
certificate. ing. No cl	1.4	City or to	wn) (State or ion	eign country)	(City or	town) (State or foreign country)
<b>\$</b> .	14.	Occupation MERCHANT			20. Exact HOUSEWII	r
is cer filing.	15.	. Industry or	1-77 A		21 Industry or	
		Business GENERAL	MERCHANDISE	i	Business NONE	
25	22.	. Name prophylactic used to pr	event Ophthalmia Neo	natorum		
completing this ie, Idaho, for fil						alive and now living TWO
충혈			(4) 11: 12:10 01 22	ATTENDANT'S		· ,
	24.	. I HEREBY CERTIFY That I at	tended the birth of this			5.00 A. M. on the date
			ondoa mo Dam or um	3 0111a, W110 Was	(Born alive, stillborn)	
ribbon in itstics, Bols ain.		and at the place stated above	e, and that personal po	articulars were furr		RSON) JOHNSON
4 g ,		who is related asMOTHE	R		(First name	(Last name)
구들등	'nг	•	(Mother, etc.)		• • •	
State	25.	. Attendant's OWN signature		<b>M.</b> D. Midwife	Address	Date
¥ E ₹		nte of WASHINGTON		Mawno		<u>,</u>
E S T					AFFIDAVIT	
P 0 4	<u> </u>	ounty of SPOKANE			be completed when the attendant	
Record uregu o money					(Mother etc.)	erson whose name appears in Item 4,
	αb	ove, that I am now	) yec	ars of age, that I	nave known this person for	TIME years, and that
BLACK State B			R. SCALLON		who attended this birth TSDEC	EASED I further
E K		(First name)	(Last	name)	(Is now decei	used) or (Cannot be located)
# 2 F			ate above are true to t	he best of my kno	wledge, and that I desire to have t	his birth recorded under shapter 139,
M 12 A	190	37 Session Laws.		)	Somity (in	Lesan Ohuse Inchure
면함	-			•••		
N S B		n, 6 m n 1 1 <u>1</u> 1 <b>2 1 3</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•,		SPOKANA WN. P.O. Address
BLACK RSS po poymen		Subscribed and sworn to being	ore me this	day of	APRIL	
Y I G		(SEAL)	Walley	fer	Notary Public, r	esiding at Slessen, Wash
E TE		(Note: Perjury is punishable	as a felony in Idaho:	see Sed 17-914.	daho Code Annotated.)	
* 23 L		7,11		10	7	17
O H TO	Pa	ceived for filing on	Ant	100/1/11		Registrar.

PEL F I Hay

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

		l States		5-95	(Be sure		of date of birth of THIS o	hild.)	State File No. 30000
Der	part	tment of Comr	nerce			CERTIFICAT	E OF BIRTH		Local Reg. No
		u of the Censu					F IDAHO		Reg. Dist. No
		ACE OF BIRTI							(At time of this birth)
	(a)	CountyI	daho	•••••	(b) City.G.T	angeville	(a) State Idah	Q	(b) County Idaha
	(c)	Street Addre	ss or R.F	.D. No	none				
	(d)	Name of Hos	pital or M	faternity Ho	ome:		, , , , , , , , , , , , , , , , , , , ,		
			nc	ne	***************				none
	(e)	Mothers stay	<b>BEFORE</b>	delivery:					d in Idaho? 2
		In THIS coun				nths day's			<sub>xte</sub> )Grangeville, Ida
4.	FU.	LL NAME		. Tassa	C+	t Zehner	5	. Date of Birth	of Child Feb. 8, 1891
	OF	CHILD COL	ir chey	ISSUC	Stewar	t Zenner		(Month, day,	Aear) Lan. O' Toat
6	Sez	x male		7. Twin or Triplet		If so—born 1st. 2nd. 3rd	8. No. mo	onths gnancy 9	9. Legitimate? yes
<u></u>	562	<u> mare</u>	ra.	THER OF C	מ זוטי	ISI, ZIIG, OIG	OIFIEC	MOTHER C	
10.	FU	ULL .					16. FULL MAIDEN	MOINER	or Child
	N.	ameBen jar	nin Fr	anklin	Zehner			souri A.	Zehner
11.		olor wh	ite	12.	Age at tin	10 00	17. Color		18. Age at time
		Race				irth 28 yrs.	or RaceWhit		of THIS birth26
13.	B	irthplace La	vrence	Count	y, Illi	nois	19. Birthplace Ben	ton Count	y, Missouri
14	F	xact	(Cit	y or town)	(State	or foreign country)	20. Exact	(City or town	(State or foreign country
17.	Ö	ccupation	far	ming				housew	ife
15.		dustry or					21. Industry or		
	Βι	usiness					Business		
23.	N	umber of child	dren of th	is mother:	(a) At time	of birth and including	this child 3	. (b) Born aliv	e and now living3.
23.	N	umber of child	dren of th	is mother:	(a) At time	of birth and including	this child 3	. (b) Born aliv	e and now living
23.	N I	umber of child	dren of th	nis mother:	(a) At time	of birth and including  ATTENDANT'S of this child, who was	this child	(b) Born aliv	e and now living
23.	I an	umber of child HEREBY CER	dren of th TIFY Tha e stated	nis mother:  at I attended above, and	(a) At time	of birth and including  ATTENDANT'S of this child, who was nal particulars were fu	this child	(b) Born aliv	re and now living3.
23. 24.	I an	number of child HEREBY CER and at the place the is related	dren of th TIFY Tha e stated	nis mother:  at I attended above, and	(a) At time	of birth and including  ATTENDANT'S  of this child, who was  nal particulars were fu	this child	(b) Born aliv	nt
23. 24.	I an	umber of child HEREBY CER and at the place the is related	TIFY Thates stated	nis mother:  at I attended above, and	(a) At time	of birth and including  ATTENDANT'S  of this child, who was  nal particulars were fu  M.D.	this child	(b) Born aliv	e and now living
23. 24. 25.	I an w	umber of child HEREBY CER and at the place the is related ttendant's WN signature	TIFY Thate stated	at I attended above, and	(a) At time d the birth (a) that person er, etc.)	of birth and including  ATTENDANT'S  of this child, who was  nal particulars were fu	this child	(b) Born aliv	nt
23. 24. 25.	I an w A O tte o	HEREBY CER  nd at the place the is related ttendant's WN signature of Idaha	dren of th	above, and	(a) At time d the birth (a) that person er, etc.)	of birth and including  ATTENDANT'S  of this child, who was  nal particulars were fu  M.D.	this child	(b) Born aliv	nt
23. 24. 25.	I au w A O otte country	HEREBY CER and at the place the is related ttendant's WN signature of Idaha y of Idaha	dren of th	above, and	(a) At time d the birth (a) that person er, etc.)	of birth and including  ATTENDANT'S  of this child, who was  nal particulars were fu  M.D.  Midwife	this child	(b) Born alivers (First name)  AFFIDAVIT to attendant do	(Last name)  Date  es not sign in Item 25.)
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(1937 Session Laws, Chapter 139, Section 4)

$\sqrt{}$	219-224-022-150	4	3800-
B B	United States	(Be sure the information is as of date of birth of THIS child	.) State File No
E 28	Department of Commerce	CERTIFICATE OF BIRTH	Local Reg. No
정불	Bureau of the Census	STATE OF IDAHO	Reg. Dist. No
in envelope d copy req	(c) Street Andress or R.F.D. No	(b) City	effring, dals
ficate	(e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <b>9</b> years		OTHER lived in Idaho?
D certi Each	4. FULL NAME of da mae	Barler 5. D.	ate of Birth of Child Olc. 24, 18 91
MPLETE filing.	6. Sex January 7. Twin or Triplet	If so—born 8. No. month 1st, 2nd, 3rd of Pregnar	cy 9. Legitimate?
COMPLETED for filing. E	10. FULL FATHER OF C	Let Balea 16. FULL MAIDEN E	mother of child
Mail	11. Color or Race White 12.	Age at time of THIS birth. 2 yrs. 17. Color or Race. 17. Color	18. Age at time of THIS birth
. 🖼	13. Birthplace (City or town)  14. Exact	(State or foreign country)  19. Birthplace	(City or town) (State or foreign counter
is certificate. filing. No c	Occupation	Occupation	Housesoife.
or this	22. Name prophylactic used to prevent	Ophthalmia Neonatorum	
H o		- , /	Born alive and now living 9
alda Gab		ATTENDANT'S CERTIFICATE	
in com olse, Ic		d the birth of this child, who was(Born alive, stillborn)	M. on the date
g Å	and at the place stated above, and	that personal particulars were furnished by	irst name) (Last name)
ribbe	who is related as(Mothe	er, etc.)	
rriter 1 Stat	8 OWN signature	M.D. Address Midwife	Date
	State of Oliver	AFF	IDAVIT
F 6 5	County of	(To be completed when the or	tendant does not sign in Item 25.)
e a g	I, the undersigned, being first duly	sworn, say that I am the	of the person whose name appears in Item 4,
		(Mother, etc.)	1/ /
K Recor Bureau	above, that I am now	years of age, that I have known this person for	
LACK Recitate Burec	Marolise Ta	(Last name) , who attended this birth	how deceased) or (Cannot be located). I further
or BLACK Rector State Burect	(First name)  state that the facts on the certificate abo	who attended this birth	how deceased) or (Cannot be located)
Ink or BLACK Rectage to State Bured	Marolise Ta	(Last name) , who attended this birth	how deceased) or (Cannot be located)
CK Ink or BLACK postage to State B	(First name) state that the facus on the Certificate about 1937 Session Laws.	(Last name), who attended this birth (Is nove are true to the best of my knowledge, and that I desire to the best of my knowledge, and that I desire to the best of my knowledge.	how deceased) or (Cannot be located) by have this birth recorded under Chapter 139,
BLACK Ink or BLACK ASS postage to State B	(First name) state that the facts on the certificate about 1937 Session Laws.  Subscribed and sworn to before me	(Last name), who attended this birth (Is over are true to the best of my knowledge, and that I desire to this day of this day of this day of the best of my knowledge.	how deceased) or (Cannot be located) or hove this birth recorded under Chapter 139,  Signature  P. O. Address
CK Ink or BLACK postage to State B	(First name) state that the facts on the certificate about 1937 Session Laws.  Subscribed and sworn to before the (SEAL)	(Last name), who attended this birth (Is over are true to the best of my knowledge, and that I desire to this day of this day of this day of the best of my knowledge.	how deceased) or (Cannot be located) or hove this birth recorded under Chapter 139,  Signature

4 1/g

## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



389 1090	29-05)					39012
United States	1700	(Be sure the inform	ation is as o	f date of birth of THIS chil	id.) State	File No
Department of Comm	ierce	CER	TIFICATE	OF BIRTH	Loca	l Reg. No
Bureau of the Census	3		STATE OF			Dist. No
1. PLACE OF BIRTH	(All items at time a	f this birth)	T	2. USUAL RESIDENCE	· · · · · · · · · · · · · · · · · · ·	
(a) County	/	b) City	BOW	(a) State IDA F	1 1	
		D) Ony	i i			County
				(c) City MOSC	<u> </u>	
	ital or Maternity Ho			(d) Street Address or	R.F.D. No.	
	BEFORE delivery:			-		Idaho?
	y / 67 2 years	months	days	3. RESIDENCE OF FAT		
4. FULL NAME OF CHILD	ARENCE	LESTER		FIRNZEN (	Date of Birth of Cl Month, day, yea	march 9-
6. Sex MALE	7. Twin or Triplet		so—born t, 2nd, 3rd	8. No. mont of Pregno		9. Legitimate?
	FATHER OF C		1, 23.0, 02.0	or rogue	MOTHER OF CI	
10. FULL A / ~				4/6. FULL MAIDEN	MOIIIII OI OI	
NAME AL	ream	.CHRIST	ピバフト	NAME ANN	A MARIE	REKDAHL
11. Color	12.	Age at time		17. Color		Age at time
or Race <b>YY</b>	1 13	of THIS birth	2yrs.	or RaceVV.L.L.L.	<u>.l.E</u>	of THIS birth
13. Birthplace.	ULSEZ	Jagno		19. Birthplace 5/0	UX CITY	IOWA
14 =	(City or town)	(State or foreign cou	untry)		(City or town)	(State or foreign count
14. Exact			j	20. Exact スノル	NSTWIF	E
				21. Industry or	U.S.EV.Y.II.	<i></i>
<ol><li>Industry or</li></ol>					, produce .	
15. Industry or Business  22. Name prophylad	_			Business		
Industry or Business      Name prophylac     Number of child	ren of this mother:	(a) At time of birth an	d including	Business  this childON.E( CERTIFICATE.	(b) Born alive and	d now livingON.E
Industry or Business      Name prophylact     Number of child      I HEREBY CERT	ren of this mother:  "IFY That I attended	(a) At time of birth an  AT7  I the birth of this child	rendant's (d, who was	Business  this child	(b) Born alive and atat	now living
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<ul> <li>15. Industry or Business</li> <li>22. Name prophylar</li> <li>23. Number of child</li> <li>24. I HEREBY CERT and at the place</li> </ul>	ren of this mother:  "IFY That I attended a stated above, and	(a) At time of birth an  ATT  I the birth of this child that personal particula	rendant's (d, who was	Business  this child ONE ( CERTIFICATE  (Born alive, stillborn alive)	(b) Born alive and atat	d now livingO.N.E
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15. Industry or Business  22. Name prophylad  23. Number of child  24. I HEREBY CERT and at the place who is related of  25. Attendant's OWN signature  State of OWN signature  I, the undersign Above, that I am no (First nam state that the facts of 1937 Session Laws. NOTARY PUB MY COMMISS Subscribed and (SEAL) (Note: Perjury	TEY That I attended a stated above, and the continuation of this mother:  (Mother Continuation of the certificate about the certific	(a) At time of birth an  ATT  I the birth of this child that personal particular, etc.)  ss.  sworn, say that I am  years of  (Last name) ove are true to the best OREGON 25, 1947 this.  felony in Idaho; see	M.D. Midwife  (To the Was age, that I !  st of my kno	Business  this child	(b) Born alive and at	d now living

(1937 Session Laws, Chapter 139, Section 4)

	2	189-117029855				State Etle No 390155
envelope bearing copy requires an	Uni	ited States			of date of birth of THIS child.)	Sidle The Mo
E s	Dep	partment of Commerce	CEI	RTIFICAT	E OF BIRTH	Local Reg. No
절별		reau of the Census		STATE O		Reg. Dist. No
envelope bear copy requires		PLACE OF BIRTH (All items at time of			2. USUAL RESIDENCE OF M	
9 7		(a) County Latah			(a) State Idaho	(b) County Latah
100	1	(c) Street Address or R.F.D. No41	1 B Street			_
	1	(d) Name of Hospital or Maternity Ho Born at residence				No. 411 B Street
윤띜				•••••		R lived in Idaho? 4 Years yrs.
D certificate in Each certified		(e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county <b>four</b> years	months	days		ity, state) Same
e i	4.				5. Date o	Birth of Child
28	4	FULL NAME OF CHILD James Henry	Shields			, day, year) Feb. 17,1891
	c	7. Twin or		so-born	8. No. months	0 1
MPLETI filing.	0.	Sex Male Triplet		st, 2nd, 3rd	of Pregnancy	9 9. Legitimate? yes
100円	10.	FIII.I.			10 DITT MEDICAL	
ខ្លួន		NAME Michael Joseph	Shields		NAME Sarah	A. Henry
	11.	Color race White	Age at time of THIS birth. 39		17 Color	19 Ago of time
e. Mail					or Race White	
. ₽	13.	Birthplace. Lockport N	ew York		19. Birthplace	ston, Maine or town) (State or foreign country)
S S	14.	Fract			7N Frant	
Ŧ.		Occupation Merchant				wife
8 🚊	15.	Industry or Business Hardware St	070		21. Industry or Business	
<b>4</b>		Business Hardware St	016		business	
19 this certificate. for filing. No ch		Name prophylactic used to prevent				
せる こうしゅう	23.	Number of children of this mother:	(a) At time of birth a	nd including	this child <b>IOUT</b> (b) Bo	n alive and now living four
를 함			×T	PERMIT & ATTEMPT		
		i i	WI.	I TENDANI 9	CERTIFICATE	
completing e, Idaho, fa	24.	I HEREBY CERTIFY That I attended				at
	24.	I HEREBY CERTIFY That I attended	the birth of this chil	ld, who was	(Born alive, stillborn)	M. on the date
	24.	and at the place stated above, and	that personal particu	ld, who was	(Born alive, stillborn)	
	24.	and at the place stated above, and	that personal particu	ld, who was	(Born alive, stillborn)	
		and at the place stated above, and who is related as(Mothe	that personal particu	ld, who was lars were fu	(Born alive, stillborn) rnished by(First n	me) (Last name)
		and at the place stated above, and	that personal particu	ld, who was	(Born alive, stillborn)	
	25.	and at the place stated above, and who is related as(Mother Attendant's OWN signature	the birth of this chil that personal particu r, etc.)	ld, who was lars were fu M.D.	(Born alive, stillborn) rnished by(First n	me) (Last name)  Date
ppewriter ribbon in Vital Statistics, Bois rder or coin.	25. 	and at the place stated above, and who is related as(Mother Attendant's OWN signature tte of	the birth of this chil that personal particu	ld, who was lars were fu M.D. Midwife	(Born alive, stillborn) rnished by (First n	Date
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d typewriter ribbon in of Vital Statistics, Bois g order or coin.	25. Star Cou	and at the place stated above, and who is related as	the birth of this chil that personal particu r, etc.)  ss. sworn, say that I am	ld, who was. lars were ful . M.D. Midwife	(Born alive, stillborn)  nished by (First n  Address  AFFIDA  o be completed when the attend	Date  Date  //IT  mut does not sign in Item 25.) person whose name appears in Item 4,
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d typewriter ribbon in of Vital Statistics, Bois g order or coin.	25. Star Cou	and at the place stated above, and who is related as	the birth of this chil that personal particu r, etc.)  ss. sworn, say that I am years of Crithers	M.D. Midwife	(Born alive, stillborn)  rnished by (First n  Address  AFFIDA  to be completed when the attend  brother of the (Mother, etc.) have known this person for the attended this birth	Date  Date  TIT  Int does not sign in Item 25.)  person whose name appears in Item 4,  53
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or BLACK Record typewriter ribbon in to State Bureau of Vital Statistics, Bois fifty cents, money order or coln.	25. Star Cou	and at the place stated above, and who is related as	the birth of this chil that personal particu r, etc.)  ss. sworn, say that I am years of Crithers (Last name	M.D. Midwife  (Ta the	(Born alive, stillborn)  mished by	Date  Date  TI  Int does not sign in Item 25.)  person whose name appears in Item 4,  53. years, and that  8 now deceased I further eccased) or (Cannot be located)  whis bigth recorded under Chapter 139,
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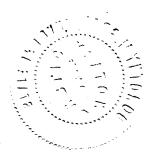
1944

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Un	ited	States				(Be su	ure the	information is a			THIS child	1.)			io
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			Census					STATE		<del></del>					lo
1.	PLA	CE O	BIRTH (	All items	at time	of this birtl	h)			USUAL RES					
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	(c) S	Street	Address	or R.F.D.	No	Idaho	St.	(nO. numbe	: <b>:</b>	(c) City	-	Lewist	on		
	(d) I	Name	of Hospito	al or Mate	ernity H	ome:			[	-					
				None.			••••••		1	(d) Street A	ddress or	R.F.D. No	Laa	anos	t
	(e) ]	Mothe	rs stay <b>BE</b>	FORE de	livery:										.14
	I	n <b>THI</b>	S county	0ne	years	three =	onths	2 days	3.	RESIDENCE	OF FATE	ER (city,	state) ]	e irea	ton. Ida
4.	FUL.	L NAI	ME .	- 4 - 3- 4-							5. D	ate of Bir	th of Ch	ild	•
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c	C	_			Twin or	**		If so—born			No. month				
<u>o.</u>	Sex		nale		Triplet			1st, 2nd, 3rd			of Pregna				timate? yes
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12								l	1 10						
10.	БП	mpiac	· · · · · · · · · · · · · · · · · · ·	(City or	town)	(Sta	ete or fore	eign country)	19.	. birmpiace	V.	(City or to	 wn)	(Sta	ngland ite or foreign cou
14.	Exc	act	D.					•	20.	Exact		•			
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23.	Nu	mber	ophylactic of childre	used to	prevent mother:	Ophthalm	nia Neo ne <del>of b</del> ir	natorumrth and includin	g this c	child	(1	o) Born al	ive and	now li	ving: 1
23.	Nu	mber	ophylactic of childre	used to	prevent mother:	Ophthalm	nia Neo ne <del>of b</del> ir	natorumrth and includin	g this c	child	(1	o) Born al	ive and	now li	ving: 1
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(1937 Session Laws, Chapter 139, Section 4)



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EÇ ğ	Co	ounty of	Oneida	ss.	(T	o be completed when the atter	ndant does not sian	in Item 25.)
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## **DELAYED REGISTRATION LAW**

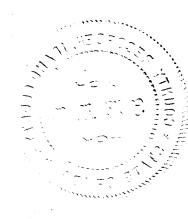
(1937 Session Laws, Chapter 139, Section 4)

Bureau of the Census   STATE OF IDAHO   Reg. Dist.	No
Bureau of the Census  1. PLACE OF BIRTH (All items at time of this birth) (c) County, Idaho (b) City, Grangevilla. (c) Street Address or R.F.D. No. None at that time of the County (c) City, Grangevilla. (d) Name of Hospital or Maternity Home:	No
1. PLACE OF BIRTH (All items at time of this birth) (a) County Idaho (b) City Grangeville (c) Street Address or R.F.D. NoNO.NO.B. at that time of (d) Street Address or R.F.D. NoNO.B. at that time of (d) Street Address or R.F.D. NoNO.B. at that time of (d) Street Address or R.F.D. NoNO.B. (e) Mothers stay BEFORE delivery: In THIS county years months days  4. FULL NAME OF CHILD 7. Twin or 6. Sex male 7. Twin or 7. Twin or 7. Twin or 7. Twin or 7. Triplet 11. Color Or Race White Or CHILD NAME Salonius Day 12. Age at time of THIS birth 37 OCCUpation Carpenter & farmer 13. Birthplace Carpenter & farmer 14. Exact Occupation Carpenter & farmer 15. Industry or Business Farming & carpentering 22. Name prophylactic used to prevent Ophthalmia Neonatorum Number of children of this mother: (a) Street Address or R.F.D. NoNO.B. (b) County (c) CityGrangeville (d) Street Address or R.F.D. NoNO.B. (e) How long has MOTHER (city, state) Franker (city, state) Franker (city, state) Franker 15. Date of Birth of Child (Month, day, year).  16. FULL MAIDEN NAME NAME NAME NAME NAME NAME NAME NA	this birth)  Idaho  at that time  10
(c) County Idaho (b) City Grangeville (c) Street Address or R.F.D. No none at that time (b) County (c) City	Idaho  at that tim ? ? 10 y geville, Id ec. 31, 189 egitimate? yes  Turner It time IS birth 33 y nsas
(c) Street Address or R.F.D. No. None at that time (d) Name of Hospital or Maternity Home:	at that time? ? 10 y geville, Id ec. 31, 189 egitimate? yes Turner it time IS birth 33 y nsas
(d) Name of Hospital or Maternity Home:	at that time 10 years of time 13 years of the 14 years of the 15 years of the
(e) Mothers stay BEFORE delivery: In THIS county years months days  FULL NAME OF CHILD  OF CHILD  OF FATHER OF CHILD  OF FATHER OF CHILD  OR FOLL  NAME  Color of Race white  Of City or town)  Exact  Occupation  Carpenter & farmer  Occupation	geville, Idee. 31, 189 ec. 31, 189 egitimate? yes Turner et time IS birth 33 yes
(e) Mothers stay BEFORE delivery: In THIS county years months days  3. RESIDENCE OF FATHER (city, state) Gran CHILD John Delmont Day Sex male Triplet  7. Twin or Triplet 1st, 2nd, 3rd  8. No. months of Pregnancy 9. Le  FATHER OF CHILD  10. FULL NAME Salonius Day 11. Color or Race. White or Attendary 12. Age at time or Race. White Occupation Carpenter & farmer  (City or town) (State or foreign country) 15. Industry or Business 12. Name prophylactic used to prevent Ophthalmia Neonatorum  ATTENDANT'S CERTIFY That I attended the birth of this child, who was and at the place stated above, and that personal particulars were furnished by Who signature  (Mother, etc.)  MOTHER OF CHILD  16. FULL MAIDEN NAME 17. Color or Race. White Occupation NAME 18. No. months of Pregnancy 9. Le  MOTHER OF CHILD  NOTHER OF CHILD  16. FULL MAIDEN NAME 17. Color or Race. White Oclopation NAME 18. No. months of Pregnancy 9. Le  MOTHER OF CHILD  NOTHER OF CHILD  16. FULL MAIDEN NAME NAME 17. Color or Race. White Oclopation NAME 18. No. months of Pregnancy 9. Le  MOTHER OF CHILD  NOTHER OF CHILD  16. FULL MAIDEN NAME NAME 19. Birthplace. O.Sawatomis. Ka (City or town) City or town)  City or town)  1 Housewife 20. Exact Occupation Nother, etc.)  1 HEREBY CERTIFY That I attended the birth of this child, who was attendary's CERTIFICATE  4. I HEREBY CERTIFY That I attended the birth of this child, who was attendary's OWN signature  (Mother, etc.)  M.D. Address Midwife	geville, Idee. 31, 189 ec. 31, 189 egitimate? yes Turner et time IS birth 33 y nsas
In THIS county  Years months days  3. RESIDENCE OF FATHER (city, state Gran FULL NAME OF CHILD  7. Twin or 6. Sex male 7. Twin or 7. Triplet 1 st, 2nd, 3rd  FATHER OF CHILD  10. FULL NAME Salonius Day 11. Color or Race White (City or town) 12. Age at time or Race (City or town) (State or foreign country) 14. Exact Occupation Cocupation Carpenter & farmer 15. Industry or Business Farming & carpentering 16. Full Maiden (City or town) (State or foreign country) 17. Color Occupation Carpenter & farmer 18. No. months of Pregnancy 9 9. Le MOTHER OF CHILD 19. Birthplace 17. Color or Race White Occupation Caty (City or town) (State or foreign country) 20. Exact Occupation Cocupation Carpenter & farmer 21. Industry or Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum Twouldn't happen to know.  ATTENDANT'S CERTIFY That I attended the birth of this child, who was and at the place stated above, and that personal particulars were furnished by who is related as.  (Mother, etc.)  M.D. Address OWN signature  3. RESIDENCE OF FATHER (city, state of Shirth of Child (Month, day, year).  8. No. months of Pregnancy 9 9. Le MOTHER OF CHILD 16. FULL MAIDEN NAME 17. Color or Race No. MAME NAME NAME 18. No. months of Pregnancy 9 9. Le MOTHER OF CHILD 16. FULL MAIDEN NAME 17. Color or Race No. Triplet 17. Color or Race No. Triplet 18. Age of or Race Occupation 19. Birthplace OPSWatomit NAME 19. Birthplace OCcupation Name Name Name Name Name Name Name Name	geville, Idee. 31, 189 egitimate? yes Turner et time IS birth 33 yes
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7. Twin or If so—born 1st, 2nd, 3rd of Pregnancy 9 9. Let FATHER OF CHILD  10. FULL Salonius Day 11. Color or Race white of THIS birth 37. yrs. 13. Birthplace Vernon Jennings (State or foreign country) 14. Exact Occupation Carpenter & farmer 15. Industry or Business farming & carpentering 16. Sex male  17. Twin or Is so—born 1st, 2nd, 3rd of Pregnancy 9 9. Let MOTHER OF CHILD  18. Age at time or Race white of THI Sinth 37. yrs. 19. Birthplace Vernon Jennings (State or foreign country) 10. Exact Occupation Carpenter & farmer 11. Color or Race white of THI Sinth Place Osawatomie, Ka (City or town) 12. Exact Occupation housewife 13. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now ATTENDANT'S CERTIFICATE  14. I HEREBY CERTIFY That I attended the birth of this child, who was attended the place stated above, and that personal particulars were furnished by who is related as (Mother, etc.)  15. Attendant's M.D. Address Midwife	Turner It time IS birth 33
FATHER OF CHILD  10. FULL Salonius Day  11. Color or Race white of THIS birth 37. yrs.  13. Birthplace Vernon Jennings Ses. Indians (City or town)  14. Exact Occupation. Carpenter & farmer  15. Industry or Business farming & carpentering  16. FULL MAIDEN MOTHER OF CHILD  17. Color or Race white of THIS birth 37. yrs.  18. Age at time of THIS birth 37. yrs.  19. Birthplace Osawatomic, Ka (City or town)  20. Exact Occupation housewife  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum I wouldn't happen to know.  23. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was who is related as (Mother, etc.)  25. Attendant's OWN signature  MOTHER OF CHILD  16. FULL MAIDEN MARKE VARYWARZATE t.  17. Color or Race white (City or town)  20. Exact Occupation housewife  21. Industry or Business  22. Industry or Business  23. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now (Born alive, stillborn)  ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn)  (First name)	Turner It time IS birth 33
FATHER OF CHILD  NAME Salonius Day  11. Color or Race white of THIS birth 37 yrs.  13. Birthplace Vernon Jennings Ges. Indiana (City or town) (State or foreign country)  14. Exact Occupation Carpenter & farmer Occupation Business farming & carpentering  15. Industry or Business farming & carpentering  16. FULL MAIDEN NAME NAME NAME (STATE OF CHILD OF THIS birth 37 yrs.)  16. FULL MAIDEN NAME NAME NAME (STATE OF THIS DIRTH NAME NAME NAME NAME NAME NAME NAME NAME	Turner It time IS birth 33 y
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11. Color or Race. White of THIS birth 37 yrs.  13. Birthplace Vernon Jennings Ses. Indians (City or town) (State or foreign country)  14. Exact Occupation carpenter & farmer  15. Industry or Business farming & carpentering  16. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now ATTENDANT'S CERTIFICATE  17. Color or Race. White of THIS Age of THIS birth 37. yrs.  18. Age of THIS birth 37. yrs.  19. Birthplace OBAWA towie, Ka (City or town)  10. Exact Occupation housewife  20. Exact Occupation housewife  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum I wouldn't happen to know.  ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was and at the place stated above, and that personal particulars were furnished by (First name)  25. Attendant's M.D. Address  OWN signature Midwife	rt time IS birth 33 y <b>nsas</b>
or Race. White of THIS birth. 27. yrs.  13. Birthplace. Vernon Jennings Ges. Indians (City or town) (State or foreign country)  4. Exact Occupation. Carpenter & farmer  5. Industry or Business farming & carpentering  20. Exact Occupation housewife  21. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum. I wouldn't happen to know.  23. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now ATTENDANT'S CERTIFICATE  24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born slive, stillborn)  and at the place stated above, and that personal particulars were furnished by (First name)  25. Attendant's M.D. Address OWN signature	IS birth 33 y NSAS
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25. Attendant's M.D. Address  OWN signature Midwife	
	Date
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County of	
I, the undersigned, being first duly sworn, say that I am the cousin (Mother etc.)	ame appears in Item
above, that I am now 60 years of age, that I have known this person for 53	
S. R. Bibby who attended this birth is now deceased) or (Canno (Is now deceased) or (Canno (Is now deceased)).	eased I furt
(First name) (Last name) (Is now deceased) or (Canno state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record	De 10Cated)
1007 0 1 1 1 1	ded under Chapter 1
	ded under Chapter 1
Grangeville, Idaho	ded under Chapter 1
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(SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	ded under Chapter 1: Signate P. O. Addre
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## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)



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	ited States					of date of birth of THIS child		te File No	••••
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(1937 Session Laws, Chapter 139, Section 4)



307-203008-412 United States State File No. (Be sure the information is as of date of birth of THIS child) Local Reg. No..... Department of Commerce CERTIFICATE OF BIRTH JUL 7 1944 Bureau of Census STATE OF IDAHO Reg. Dist. No..... 2. USUAL RESIDENCE of MOTHER (At time of this birth) 1. PLACE OF BIRTH (b) Citharden Geek (a) County BOISE (a) State IDAHO (b) County BOIS & (c) Street Address or R.F.D. No. (c) City louden Creek. (d) Name of Hospital or Maternity Home; (d) Street Address or R.F.D. No.... Born al (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. (f) Mother's mailing address..... 3. RESIDENCE of FATHER (city, state) BOISE JDAH IN THIS county davs vears month 4. FULL NAME HAZEL AMELIA. TIPPET 5. Date of Birth (Month. day year) 20-7.1891 If so-born 7. Twin or 8. No. months 9. Legitimate? 2 6. Sex-tomale Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN 10. FULL STHOPE NAME 4 NAME ..... Sacoy 18. Age at time of THIS birth 20 yrs. 11. Color 12. Age at time 17. Color of THIS birth 2.3 13. Birthplace Farming fon tuch USa. nlitul. Wak. U.Sa. 19. Birthplace (City or town) (State or foreign country) (State or foreign country) 14. Exact 20. Exact Farmino Occupation ..... Occupation ..... 15. Industry or 21. Industry or **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (h). (c) Born alive and now dead ——— (d) Stillborn — 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_at\_\_\_\_ (born alive, star. and at the place stated above and that personal particulars were furnished by related to this child as Wirst name JUL 1 0 1944 26. (a) (Date received) <del>25. Atte</del>ndant's 27 Given name added on by (Registrar's signature) (Dec. Midwife.etc.) and address AFFIDAVIT To be completed when the attendant at birth is State of..... NOT LIVING or CANNOT BE LOCATED County of..... being first duly sworn, say that I am..... (Related to (or) acquainted with) ....., whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the facts (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) Berla P. O. Address Subscribed and sworn to before me on this 29 .....day of Notary Public, residing at... Leel

(1937 Session Laws, Chapter 139, Section 4)

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	Industry or Business				21. Industry or				
22.	Industry or Business Name prophylac	ctic used to preven	t Ophthalmia Ne	onatorum	21. Industry or Business			now living	3
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22. 23.	Industry or Business Name prophylac Number of childs	ctic used to preven	t Ophthalmia Ne (a) At time of b	onatorum pirth and including ATTENDANT'S	21. Industry or Business this child	(b) Born c	alive and		
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22. 23. 24.	Industry or Business  Name prophylace Number of childs  I HEREBY CERT and at the place who is related a Attendant's OWN signature te of	ctic used to preven ren of this mother: IFY That I attende e stated above, and is(Moth	t Ophthalmia Ne (a) At time of bed the birth of the dithat personal parer, etc.)	oonatorumoirth and including  ATTENDANT'S ais child, who was. carticulars were fur	21. Industry or Business  this child	(b) Born o	tlive and	(Last	I. on the
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(1937 Session Laws, Chapter 139, Section 4)

633 210008-213			391726
United States	(Be sure the information is as	of date of birth of THIS child.)	State File No.
Department of Commerce	CERTIFICAT	TE OF BIRTH	Local Reg. No
Bureau of the Census		OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at time of	this birth)		MOTHER (At time of this birth)
(a) County Boise (		(a) State Idaho	(b) County Boise
(c) Street Address or R.F.D. No		(c) City Bois	€
(d) Name of Hospital or Maternity Hos	ne:	,.,	
none			.F.D. No.
(e) Mothers stay <b>BEFORE</b> delivery:		1	THER lived in Idaho?yrs.
In THIS county years	months days	3. RESIDENCE OF FATHE	
(e) Mothers stay BEFORE delivery: In THIS county years  4. FULL NAME OF CHILD Nellie Alpha  6. Sex female 7. Twin or Triplet  FATHER OF CHILD THE OF	retta Otto	5. Da	te of Birth of Child May 10, 1891 onth, day, year).
7. Twin or	If so—born	8. No. months	onin, day, year)
6. Sex female Triplet	1st, 2nd, 3rd	of Pregnance	cy 9. Legitimate? X
FATHER OF C			NOTHER OF CHILD
10. FULL William Henry	H+a	16. FULL MAIDEN	arch Pallantona
11 C-1-n 10	Z , , ,	1 .= ~ .	arah Ballantyne
or Race	Age at time of THIS birth 37 yrs.	17. Color White or Race	18. Age at time 30 of THIS birth yrs.
13. Birthplace Warsaw, Polar		19. Birthplace Glasg	ow. Scotland
(City or town)	(State or foreign country)	19. Birthplace	City or town) (State or foreign country)
14. Exact		20. Exact	one ori fe
Occupation		1 Occupation	OGSCHIIA
15. Industry or Business		21. Industry or Business	
··· · · · · · · · · · · · · · · · · ·		·	
22. Name prophylactic used to prevent	Ophthalmia Neonatorum		
			Born alive and now living <b>SIX</b>
23. Number of children of this mother:	a) At time of birth and including  ATTENDANT'S	this child <b>five</b> (b) CERTIFICATE	Born alive and now living
23. Number of children of this mother:	a) At time of birth and including  ATTENDANT'S	g this child	Born alive and now living
23. Number of children of this mother: 6 24. I HEREBY CERTIFY That I attended	a) At time of birth and including  ATTENDANT's the birth of this child, who was	g this child <b>Tive</b> (b)  5 CERTIFICATE  8 alive  (Born alive, stillborn)	Born alive and now living
<ul><li>23. Number of children of this mother:</li><li>24. I HEREBY CERTIFY That I attended and at the place stated above, and</li></ul>	a) At time of birth and including  ATTENDANT's the birth of this child, who was	g this child <b>Tive</b> (b)  5 CERTIFICATE  8 alive  (Born alive, stillborn)	Born alive and now living
<ul> <li>23. Number of children of this mother:</li> <li>24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as</li></ul>	a) At time of birth and including  ATTENDANT'S the birth of this child, who was that personal particulars were for	g this child <b>Tive</b> (b)  5 CERTIFICATE  8 alive  (Born alive, stillborn)	Born alive and now living
23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including  ATTENDANT's the birth of this child, who was that personal particulars were for the control of the control	g this child <b>five</b> (b)  S CERTIFICATE  Blive  (Born alive, stillborn)  arnished by (Fi	Born alive and now living
23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including  ATTENDANT'S the birth of this child, who was that personal particulars were for  , etc.)  M.D.	g this child <b>Tive</b> (b)  5 CERTIFICATE  8 alive  (Born alive, stillborn)	Born alive and now living
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23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as Mother  25. Attendant's (Mother Own signature deceased)  State of Oragon County of Multnomah	a) At time of birth and including  ATTENDANT'S the birth of this child, who was that personal particulars were for (, etc.)  M.D.  Midwife	g this child <b>five</b> (b)  S CERTIFICATE  (Born alive, stillborn)  rnished by (Fi  Address  AFFI  To be completed when the cite	Born alive and now living
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23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as Mother  25. Attendant's (Mother Own signature deceased)  State of Oregon  I, the undersigned, being first duly above, that I am now	a) At time of birth and including  ATTENDANT'S the birth of this child, who was that personal particulars were for  , etc.)  M.D.  Midwife  ss.  sworn, say that I am the	g this child <b>five</b> (b)  5 CERTIFICATE  CBorn alive, stillborn)  rnished by (Fi  Address  AFFI  To be completed when the att  Mother (Mother, etc.)  I have known this person for.	Born alive and now living
23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as.  (Mother 25. Attendant's OWN signature deceased  State of Oregon County of Multinomah I, the undersigned, being first duly above, that I am now.  84  William Henry	a) At time of birth and including  ATTENDANT'S the birth of this child, who was that personal particulars were for  , etc.)  M.D.  Midwife  ss.  sworn, say that I am the	g this child <b>five</b> (b)  S CERTIFICATE  (Born alive, stillborn)  rnished by (Fi  Address  AFFI  To be completed when the att  Mother (Mother, etc.)  I have known this person for who attended this birth	Born alive and now living
23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as Mother  25. Attendant's (Mother Own signature deceased)  State of Oragon County of Multnomah I, the undersigned, being first duly above, that I am now 84  William Henry  (First name)	a) At time of birth and including  ATTENDANT'S the birth of this child, who was that personal particulars were for  , etc.)  M.D.  Midwife  ss.  sworn, say that I am the	g this child <b>five</b> (b)  5 CERTIFICATE  (Born alive, stillborn)  Irnished by (Fi  Address  AFFI  To be completed when the att  Mother (Mother, etc.)  I have known this person for (Is n	Date  Date
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23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as.  (Mother 25. Attendant's deceased  State of Oragon County of Multuomah I, the undersigned, being first duly above, that I am now.  William Henry (First name) state that the facts on the certificate about 1937 Session Laws.	a) At time of birth and including  ATTENDANT'S the birth of this child, who was that personal particulars were for  , etc.)  M.D.  Midwife  ss.  sworn, say that I am the	g this child five (b)  S CERTIFICATE  (Born alive, stillborn)  Irnished by (Fi  Address  AFFI  To be completed when the att  Mother (Mother, etc.)  I have known this person for (Is nowledge, and that I desire to	Born alive and now living
23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as.  (Mother 25. Attendant's deceased  State of Oragon County of Multuomah I, the undersigned, being first duly above, that I am now.  William Henry (First name) state that the facts on the certificate about 1937 Session Laws.	the birth of this child, who was that personal particulars were for the company of the company o	g this child five (b)  5 CERTIFICATE  (Born alive, stillborn)  Irnished by (Fi  Address  Affi To be completed when the atte  Mother (Mother, etc.)  I have known this person for (Is nowledge, and that I desire to Rt. 3, Box 1263	Born alive and now living
23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including  ATTENDANT'S the birth of this child, who was that personal particulars were for the control of the child, who was that personal particulars were for the control of the child, who was that personal particulars were for the control of the child	g this child five (b)  S CERTIFICATE  (Born alive, stillborn)  Innished by (Fi  Address  AFFI  To be completed when the att  Mother (Mother, etc.)  I have known this person for (Is nowledge, and that I desire to Rt. 3, Box 1263  July	Born alive and now living
23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as Mother (Mother 25. Attendant's OWN signature deceased State of Oragon County of Multnomah  I, the undersigned, being first duly above, that I am now 84  William Henry (First name) state that the facts on the certificate about 1937 Session Laws.	a) At time of birth and including  ATTENDANT'S the birth of this child, who was that personal particulars were for the control of the child, who was that personal particulars were for the control of the child, who was that personal particulars were for the control of the child	g this child five (b)  S CERTIFICATE  (Born alive, stillborn)  Innished by (Fi  Address  AFFI  To be completed when the att  Mother (Mother, etc.)  I have known this person for (Is nowledge, and that I desire to Rt. 3, Box 1263  July	Born alive and now living
23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as Mother (Mother 25. Attendant's OWN signature deceased State of Oragon County of Multnomah  I, the undersigned, being first duly above, that I am now 84  William Henry (First name) state that the facts on the certificate about 1937 Session Laws.	a) At time of birth and including  ATTENDANT'S the birth of this child, who was that personal particulars were for the control of the child, who was that personal particulars were for the control of the child, who was that personal particulars were for the control of the child	g this child five (b)  S CERTIFICATE  (Born alive, stillborn)  Innished by (Fi  Address  AFFI  To be completed when the att  Mother (Mother, etc.)  I have known this person for (Is nowledge, and that I desire to Rt. 3, Box 1263  July	Davit endant does not sign in Item 25.) the person whose name appears in Item 4,  84 years, and that deceased I further ow deceased I further ow deceased or (Cannot be located) have this birth recorded under Chapter 139,  Signature Beaverton, Ore P.O. Address  1944  ublic, residing at Portland One Market 30, 1944
23. Number of children of this mother:  24. I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the best of my known and the best of my known are true to the best of my known are true true to the best of my known are true true true true true true true tr	g this child five (b)  S CERTIFICATE  (Born alive, stillborn)  Innished by (Fi  Address  AFFI  To be completed when the atte  Mother (Mother, etc.)  I have known this person for  who attended this birth  (Is n  nowledge, and that I desire to  Rt. 3, Box 1263  July   Born alive and now living	

(1937 Session Laws, Chapter 139, Section 4)

၂ Uni	ited States		s of date of birth of THIS child.)	State File No. 39443
-	partment of Commerce	CERTIFICAT	TE OF BIRTH	Local Reg. No
Bur	reau of the Census	STATE (	OF IDAHO	Reg. Dist. No
	PLACE OF BIRTH (All items at time of			IOTHER (At time of this birth)
	(a) County Kootenai (k	o) City Coeur D'Alen	(a) State Idaho	(b) County Kootenai
	(c) Street Address or R.F.D. No		(c) City CoeurD'	Alene
	(d) Name of Hospital or Maternity Hor	ne:	(0) 021/1	
		······································		D. No
	(e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county Years		-	ER lived in Idaho? 27
		months days	3. RESIDENCE OF FATHER	
4.	FULL NAME OF CHILD Mabelle Clai	re Kellev	5. Date	of Birth of Child h, day, year) February 7 th 1
	7. Twin or	If so—born	8. No. months	n, ddy, yedr). <del>w.w.x.a.w.w.a.gwaa.a</del>
6.	Sex Female Triplet	1st, 2nd, 3rd		Nine 9. Legitimate? Yes
	FATHER OF CH	IILD		THER OF CHILD
10.	NAME Benjamin Frank	lin Waller	16. FULL MAIDEN	in Tan Cremin
11	~ .		17. Color White	ia Lee Syria
11.	MITT CO	of THIS birth	Dan WALL OO	18. Age at time 26
13	Birthplace Burkes Garden	Virginia	19. Birthplace Burkes	Garden of THIS birth 20
10.	(City or town)	(State or foreign country)	(Cit	y or town) (State or foreign country)
14.	Exact Electrician		20. Exact	
15	Occupation FIEC CFICIAN Industry or		Occupation 10456 21. Industry or	
10.			Zi. maustry or	
	Business		Business	
	Business	2.1.1.1.1.1	Business	
	Name prophylactic used to prevent (			
	Name prophylactic used to prevent (			
23.	Name prophylactic used to prevent ( Number of children of this mother: (	a) At time of birth and including ATTENDANT	g this child	orn alive and now living
23.	Name prophylactic used to prevent ( Number of children of this mother: (	a) At time of birth and including ATTENDANT	g this child	orn alive and now living
23.	Name prophylactic used to prevent ( Number of children of this mother: ( I HEREBY CERTIFY That I attended	a) At time of birth and including  ATTENDANT's the birth of this child, who was	g this child	orn alive and now living
23.	Name prophylactic used to prevent ( Number of children of this mother: ( I HEREBY CERTIFY That I attended and at the place stated above, and	a) At time of birth and including  ATTENDANT' the birth of this child, who wa that personal particulars were fr	g this child	orn alive and now living
23.	Name prophylactic used to prevent ( Number of children of this mother: ( I HEREBY CERTIFY That I attended and at the place stated above, and	a) At time of birth and including  ATTENDANT' the birth of this child, who wa that personal particulars were fr	g this child	orn alive and now living
23. 24.	Name prophylactic used to prevent ( Number of children of this mother: ( I HEREBY CERTIFY That I attended and at the place stated above, and who is related as( Mother	a) At time of birth and including ATTENDANT? the birth of this child, who was that personal particulars were from the companies of the compani	g this child	orn alive and now living
23. 24.	Name prophylactic used to prevent ( Number of children of this mother: ( I HEREBY CERTIFY That I attended and at the place stated above, and	a) At time of birth and including  ATTENDANT' the birth of this child, who wa that personal particulars were fr	g this child	orn alive and now living
23. 24. 25.	Name prophylactic used to prevent ( Number of children of this mother: ( I HEREBY CERTIFY That I attended and at the place stated above, and who is related as(Mother Attendant's OWN signature	a) At time of birth and including ATTENDANT's the birth of this child, who was that personal particulars were from the company of the company	g this child	name) (Last name)
23. 24. 25. Sta	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as(Mother Attendant's OWN signature tte of	a) At time of birth and including ATTENDANT? the birth of this child, who wa that personal particulars were from the details of the details o	g this child	orn alive and now living
23. 24. 25. Sta	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including ATTENDANT? the birth of this child, who was that personal particulars were from the companient of the co	g this child	Date  LVIT dant does not sign in Item 25.)
23. 24. 25. Sta Cou	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including ATTENDANT's the birth of this child, who was that personal particulars were form the distribution of this child, who was that personal particulars were form that personal particular were form the personal particular were form the personal particula	g this child	Date  LVIT dant does not sign in Item 25.) ne person whose name appears in Item
23. 24. 25. Sta Cou	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including ATTENDANT's the birth of this child, who was that personal particulars were form the distribution of this child, who was that personal particulars were form that personal particular were form that personal particular were form that personal particu	g this child	Date  LVIT dant does not sign in Item 25.) ne person whose name appears in Item
23. 24. 25. Sta Cou	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including ATTENDANT? the birth of this child, who was that personal particulars were from the distribution of the distribu	g this child	mame)  (Last name)  Date  LVIT  dant does not sign in Item 25.)  ne person whose name appears in Item  20. 53
23. 24. 25. Sta Cou	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including  ATTENDANT's the birth of this child, who was that personal particulars were from the compact of the compac	g this child	Date  LVIT  clant does not sign in Item 25.)  ne person whose name appears in Item  25. years, and to deceased) or (Cannot be located)
23. 24. 25. Sta Cou	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including  ATTENDANT's the birth of this child, who was that personal particulars were from the compact of the compac	g this child	Date  LVIT  dant does not sign in Item 25.)  the person whose name appears in Item  25. years, and the deceased) or (Cannot be located)  type this birth recorded under Chapter 1
23. 24. 25. Sta Cou	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including  ATTENDANT's the birth of this child, who was that personal particulars were from the compact of the compac	g this child	Date  LVIT  dant does not sign in Item 25.)  the person whose name appears in Item  25.  years, and the deceased) or (Cannot be located)  type this birth recorded under Chapter 1
23. 24. 25. Sta Cou	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including ATTENDANT? the birth of this child, who was that personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the personal particular were from the personal particular were	g this child	Date  LVIT clant does not sign in Item 25.) the person whose name appears in Item 25. the person whose name appears in Item 25. the person whose name appears in Item 25. the person whose name appears in Item 25. the person whose name appears in Item 25. The person whose name appears in Item 25. Signature this birth recorded under Chapter I
23. 24. 25. Sta Cou	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including ATTENDANT? the birth of this child, who was that personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the personal particular were from the personal particular were	g this child	Date  LVIT  dant does not sign in Item 25.)  the person whose name appears in Item  25.  years, and the deceased) or (Cannot be located)  type this birth recorded under Chapter 1
23. 24. 25. Sta Cou	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including ATTENDANT? the birth of this child, who was that personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the personal particular were from the personal particular were	g this child	Date  LVIT clant does not sign in Item 25.) the person whose name appears in Item 25. the person whose name appears in Item 25. the person whose name appears in Item 25. the person whose name appears in Item 25. the person whose name appears in Item 25. The person whose name appears in Item 25. Signature this birth recorded under Chapter I
23. 24. 25. Sta Cou	Name prophylactic used to prevent of Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	a) At time of birth and including ATTENDANT? the birth of this child, who was that personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the distribution of the personal particulars were from the personal particular were from the personal particular were	g this child	Date  LVIT  dant does not sign in Item 25.)  the person whose name appears in Item  25. years, and the deceased) or (Cannot be located)  Type this birth recorded under Chapter 1  24. Signate 1  25. Signate 1  26. Lie 4, Wash. P. O. Addressed.
23. 24. 25. Sta Cou	Name prophylactic used to prevent ( Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	At time of birth and including ATTENDANT's the birth of this child, who was that personal particulars were from the personal particulars were from the birth of this child, who was that personal particulars were from the best of my k  (Last name) This day of	g this child	Date  LVIT clant does not sign in Item 25.) the person whose name appears in Item 25. the person whose name appears in Item 25. the person whose name appears in Item 25. the person whose name appears in Item 25. the person whose name appears in Item 25. The person whose name appears in Item 25. Signature this birth recorded under Chapter I
23. 24. 25. Sta Cou	Name prophylactic used to prevent of Number of children of this mother: (  I HEREBY CERTIFY That I attended and at the place stated above, and who is related as	At time of birth and including ATTENDANT's the birth of this child, who was that personal particulars were from the description of the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was that personal particulars were from the birth of this child, who was the birth of this chil	g this child	Date  LVIT dant does not sign in Item 25.) the person whose name appears in Item  5.5 years, and the deceased) or (Cannot be located) true this birth recorded under Chapter 1  1. A g g c l  1. Signate the deceased of the person was a g g c l  1. Located of the person was a g g c l  1.

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#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

United States Department of Commerce Bureau of the Census	(Be sure the information is as of date  CERTIFICATE OF BI  STATE OF IDAI	RTH	77 State File No
1. PLACE OF BIRTH (All items a  (a) County Danage and (a)  (c) Street Address or R.F.D.  (d) Name of Hospital or Mate  (e) Mother's stay BEFORE deli  IN. THIS county years	(a) (b) City. Eagle	State daha	THER (At time of this birth) (b) County Commerce  Party  D. No
A FULL MAME - 10:04	Emma Roystad	5 Data of Dist	th of Child y, year) 9-15-91 9. Legitimate? 400
10. FULL FATHER OF  NAME OF COMMENT  11. Color or Race Walk (City or town)  12. Occupation Cocupation  15. Industry or Business	Age at time 17, Confirmation of THIS birth 1 yrs. 19. If (State or foreign country) 20. If (State or foreign country) 21. If	WILL MAIDEN JULIA NAME JULIA Color r Race White Birthplace Chaintio	18. Age at time of THIS birth30yr. (State or foreign country)
23. Number of children of this m	event Ophthalmia Neonatorumother: (a) At time of birth and includ  ATTENDANT'S CERTII I attended the birth of this child, who	ing this child $3$ (b) EFICATE	forn alive and now living.
<b>F</b>	e, and that personal particulars were	furnished by(First name	, who
State of Idaho County of Can you I, the undersigned, being firs in Item 4, above, that I am now.  Br. Bean (First name)		vit to be completed whe in Iten  ther of t (Mother, etc.) ve known this person for. Is now deceased (Is now deceased) or (Cannot b	n the attendant does not sign 25.  the person whose name appear
(SEAL) (Note: Perjury is punishable	ore me thisday ofday	Notary Public, residing and Idaho Code Annotated.)	Signatur P. O. Addres at Caldwell, Idaho

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge

in the premises.

CTS-105-203-319 United States (Be sure the information is as of date of birth of THIS child.) State File No CERTIFICATE OF BIRTH Local Reg. No..... Department of Commerce Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items gatime of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Janoas (b) County 12aa (c) Street Address or R.F.D. No..... (c) City..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... med at h (e) How long has MOTHER lived in Idaho?.... (e) Mothers stay **EFORE** delivery: 3. RESIDENCE OF FATHER (city, state) In THIS county L 2 years months days 5. Date of Birth of Child 4. FULL NAME OF CHILD (Month, day, year).... COMPLETED of for filing. Ea Twin or If so-born 8. No. months 6. Sex M Triplet 1st, 2nd, 3rd of Pregnancy 9 mm 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 10. FULL NAME NAME Color 12. Age at time Color 18. Age at time or Race of THIS birth. of THIS birth. 19. Birthplace..... 13. Birthplace... (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation .... Occupation... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was...... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as....(Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife **AFFIDAVIT** (To be completed when the attendant does not sign in Item 25.) County of Asams (Mother, etc.) above, that I am now..... who attended this birth. (Is now deceased) or (Cannot be located) (Last name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139. 1937 Session Laws. ....., Notary Public, residing at (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 

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#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce		TE OF BIRTH	Local Reg. No
Bureau of the Census		OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All items at the			OTHER (At time of this birth)
(a) County Bannach	71		(b) CountyB. annan
(c) Street Address or R.F.D. No.	<u>V</u>	(c) City Perry	<u>k</u>
(d) Name of Hospital or Maternit	· == 1/		D. No
confined	•		1.7
(e) Mothers stay BEFORE deliver	•		ER lived in Idaho?
In THIS county   6 year	rs months days	3. RESIDENCE OF FATHER	
4. FULL NAME 9/JULA C	handste Paul		of Birth of Child
7. Twi	or If so—born	8. No. months	in, day, year)
6. Sex temale Trip	et Ist, 2nd, 3rd	of Pregnancy	9. Legitimate?
A FATHER C	F CHILD	MO	media on ourse
10. FULL	Parter	16. FULL MAIDEN MO	wart Pakas
11. Color	10 8 10	17. Color 0 ·	
or Race 10 hite	12. Age at time of THIS, birth 25 yrs.	or Race. White	18. Age at time 24
13. Birthplace Muuo		19. Birthplace Brig	ham City Uta
(City or town			ty or town) (State or foreign count
14. Exact		20. Exact	
Occupation	w	Occupation	se wye.
		21. Industry or	g .
			<b>▼</b>
Business		Business	¥
Business  22. Name prophylactic used to pre-	vent Ophthalmia Neonatorum	Business	
Business  22. Name prophylactic used to pre-	vent Ophthalmia Neonatorumer: (a) At time of birth and including	Business	
Business  22. Name prophylactic used to pre-	er: (a) At time of birth and including	Business	
Business  22. Name prophylactic used to pre- 23. Number of children of this moti	er: (a) At time of birth and including	Business  g this child	orn alive and now living
Business  22. Name prophylactic used to pre- 23. Number of children of this motion  24. I HEREBY CERTIFY That I atte	er: (a) At time of birth and including  ATTENDANT's  anded the birth of this child, who was	Business  g this child (b) B  S CERTIFICATE  S (Born alive, stillborn)	orn alive and now living
Business  22. Name prophylactic used to pre- 23. Number of children of this moth  24. I HEREBY CERTIFY That I atte- and at the place stated above,	er: (a) At time of birth and including  ATTENDANT's  anded the birth of this child, who was and that personal particulars were for	Business  g this child (b) B  S CERTIFICATE  S	orn alive and now livingM. on the
Business  22. Name prophylactic used to pre- 23. Number of children of this moth  24. I HEREBY CERTIFY That I atte- and at the place stated above,	er: (a) At time of birth and including  ATTENDANT's  anded the birth of this child, who was and that personal particulars were for	Business  g this child (b) B  S CERTIFICATE  S	orn alive and now living
Business  22. Name prophylactic used to pre- 23. Number of children of this motivate.  24. I HEREBY CERTIFY That I attemed at the place stated above, who is related as	ATTENDANT's  and the birth of this child, who was and that personal particulars were for  fother, etc.)	Business  g this child (b) B  S CERTIFICATE  s	orn alive and now living
Business  22. Name prophylactic used to pre- 23. Number of children of this moti  24. I HEREBY CERTIFY That I atte and at the place stated above, who is related as	er: (a) At time of birth and including  ATTENDANT's  anded the birth of this child, who was  and that personal particulars were for  fother, etc.)  M.D.	Business  g this child (b) B  S CERTIFICATE  S	orn alive and now livingM. on the
Business  22. Name prophylactic used to precase.  23. Number of children of this motified.  24. I HEREBY CERTIFY That I attempted and at the place stated above, who is related as	ATTENDANT's  and the birth of this child, who was and that personal particulars were for  fother, etc.)	Business  g this child	orn alive and now livingM. on the name) (Last riame)
Business  22. Name prophylactic used to precede to prec	er: (a) At time of birth and including  ATTENDANT's  anded the birth of this child, who was  and that personal particulars were for  fother, etc.)  M.D.  Midwife	Business  g this child	orn alive and now living
Business  22. Name prophylactic used to precase.  23. Number of children of this motified.  24. I HEREBY CERTIFY That I attempted and at the place stated above, who is related as	er: (a) At time of birth and including  ATTENDANT's  Indeed the birth of this child, who was and that personal particulars were from  M.D.  Midwife  Ss.	Business  g this child (b) B  S CERTIFICATE  s (Born alive, stillborn)  urnished by (First  Address  AFFIDA  To be purpleted when the attention	orn alive and now living
Business  22. Name prophylactic used to precede to precede to a second to precede to the prophylactic used to precede to the prophylactic used to precede to the prophylactic used to precede the prop	er: (a) At time of birth and including  ATTENDANT's  anded the birth of this child, who was  and that personal particulars were for  fother, etc.)  M.D.  Midwife	Business  g this child	orn alive and now living
Business  22. Name prophylactic used to precede to precede the prophylactic used to precede the pre	ATTENDANT's anded the birth of this child, who was and that personal particulars were for fother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the	Business  g this child	Date  Note  Living M. on the mame)  Date  AVIT  dant does not sign in Item 25.)  The person whose name appears in Item
Business  22. Name prophylactic used to precate the prophylactic u	ATTENDANT's and the birth of this child, who was and that personal particulars were formally the second sec	Business  g this child	Date  AVIT  dant does not sign in Item 25.)  the person whose name appears in Item  years, and
Business  22. Name prophylactic used to pre- 23. Number of children of this motivate of the place of the place stated above, who is related as	ATTENDANT's and the birth of this child, who was and that personal particulars were formally the second particular which is secon	Business  g this child	name)  (Last name)  Date  AVIT  dant does not sign in Item 25.)  the person whose name appears in I  years an
Business  22. Name prophylactic used to precede to precede the prophylactic used to precede the pre	ATTENDANT's  anded the birth of this child, who was and that personal particulars were for  fother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the  Jay years of age, that  (Last name)	Business  g this child (b) B  S CERTIFICATE  S (Born alive, stillborn)  urnished by (First  Address  AFFIDA  (Mother, etc.) of the (Mother, etc.)  I have known this person for (Is now (Is no	Date  Note  Last rame  Date  Last rame  Date  Last rame  Last rame  Date
Business  22. Name prophylactic used to precede to precede the prophylactic used to precede the pre	ATTENDANT's and the birth of this child, who was and that personal particulars were formally the second particular which is secon	Business  g this child	Date  WIT  dant does not sign in Item 25.)  the person whose name appears in Item  years, and deceased) or (Cannot be located)  and the located and the located are the locate
Business  22. Name prophylactic used to precede the prophylactic u	ATTENDANT's  anded the birth of this child, who was and that personal particulars were for  fother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the  Jay years of age, that  (Last name)	Business  g this child	Date  WIT  dant does not sign in Item 25.)  the person whose name appears in Item  years, and deceased) or (Cannot be located)  and the located and the located are the locate
Business  22. Name prophylactic used to precede the prophylactic u	ATTENDANT's  anded the birth of this child, who was and that personal particulars were for  fother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the  Jay years of age, that  (Last name)	Business  g this child	Date  Live and now living
Business  22. Name prophylactic used to precede the prophylactic u	ATTENDANT's  anded the birth of this child, who was and that personal particulars were for  fother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the	Business  g this child	Date  AVIT  dant does not sign in Item 25.)  the person whose name appears in It  years, and deceased) or (Cannot be located)  ave this birth recorded under Chapter  AVIT  AVIT  CANADA
Business  22. Name prophylactic used to precede the prophylactic u	ATTENDANT's  anded the birth of this child, who was and that personal particulars were for  fother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the  Jay years of age, that  (Last name)	Business  g this child	Date  AVIT  dant does not sign in Item 25.)  the person whose name appears in Item  deceased) or (Cannot be located)  ave this birth recorded under Chapter  AVIT  deceased. J. A. P. O. A. A.
Business  22. Name prophylactic used to pre- 23. Number of children of this motif  24. I HEREBY CERTIFY That I atte- and at the place stated above, who is related as	ATTENDANT's  anded the birth of this child, who was and that personal particulars were for  fother, etc.)  M.D.  Midwife  ss.  duly sworn, say that I am the	Business  g this child	Date  AVIT  dant does not sign in Item 25.)  the person whose name appears in It  years, and deceased) or (Cannot be located)  ave this birth recorded under Chapter  AVIT  AVIT  CANADA

8 100

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

573 -319-004-094 (Be sure the information is as of date of birth of THIS child.) envelope bearing United States State File No..... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) Moscow (a) County Latab (b) City...... Idaho (b) County Latah (a) State.... (c) Street Address or R.F.D. No. Moscow (d) Name of Hospital or Maternity Home: None Each certified (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?..... (e) Mothers stay **BEFORE** delivery: I months 18 Moscow, Idaho In **THIS** county davs 3. RESIDENCE OF FATHER (city, state) years 4. FULL NAME 5. Date of Birth of Child Oct. 19,1891 Frances Estes OF CHILD (Month, day, year)..... 7. Twin or If so-born 8. No. months for fillng. 6. Sex female yes Triplet 1st. 2nd. 3rd 9. Legitimate? of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN Karr Calvin Estes NAME Nancy Florence Brock NAME Color 12. Age at time of Vital Statistics, Bolse, Idaho, for filing. No charge 17. Color 18. Age at time or Race White 31 or Roce. White of THIS birth..... of THIS birth..... 19. Birthplace Harrisburg Oregon
(City or town) (State or foreign country) 13. Birthplace Ash Flat Arkansas certificate. (City or town) (State or foreign country) 14. Exact 20. Exact Farmer Occupation Housewife Occupation..... 15. Industry or 21. Industry or Business Business None 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2. ATTENDANT'S CERTIFICATE who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of...... **AFFIDAVIT** County of..... (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the Mother .....of the person whose name appears in Item 4, (Mother, etc.) above, that I am now years of age, that I have known this person for years, and that Dr. Carithers , who attended this birth 18 now deseased I further irst name) (Last name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this M. Notary Public, residing at Victors (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) (in the thou ....., Registrar.

a 100

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

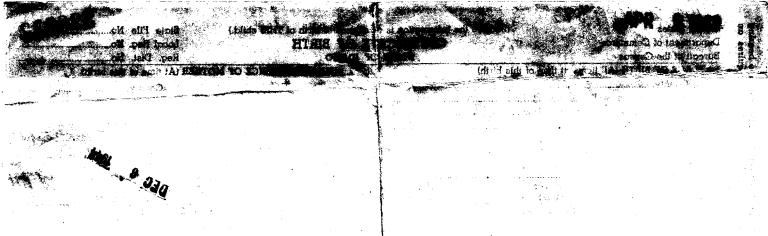
(SEAL)

# DELAYED

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

141 208019 813 envelope bearing (Be sure the information is as of date of birth of THIS child.) State File No..... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... STATE OF IDAHO Bureau of the Census Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Dusta (b) City Cst (a) State factor (b) County Cult (c) Street Address or R.F.D. No. (c) City 6 Ma (d) Name of Hospital or Maternity Home: Mirate chom (d) Street Address or R.F.D. No. Communication (e) Mothers stay BEFORE delivery: In THIS county due years 3. RESIDENCE OF FATHER (city, state) months days 4. FULL NAME OF CHILD PLCAL 5. Date of Birth of Child (Month, day, year) Linguit IV. COMPLETED 8. No. months Twin or If so-born for filling. 9. Legitimate? Triplet 1st. 246d, 3rd of Pregnancy MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN NAME & salall NAME JOIN (12. Age at time 17. Color \ 18. Age at time of THIS birth. of THIS birth... 19. Birthplace New 13. Birthplace (State or foreign country) (City or town) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation... Occupation... 15. Industry or 21. Industry or Business termus Business 22. Name prophylactic used to prevent Oskihalmia Neonatorum...... ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... who is related as....(Mother, etc.) 25. Attendant's M.D. Address Date OWN signature Midwife **AFFIDAVIT** County of Gusley (To be completed when the attendant does not sign in Item 25.) ......of the person whose name appears in Item 4, I, the undersigned, being first duly sworn, say that I am the..... (Mother, etc.) above, that I am now.......years of age, that I have known this person for...... who attended this birth...... (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this .... Notary Public, residing at. (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on.....



(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Co.

of the china is living a accessible, a the nacrest of kin or guardian, or some person having direct knowledge in the premises.

5.3

	154 219 021 433	399945
	United States (Be sure the information is as	of date of birth of THIS child.) State File No. 398342
\$ .		'E OF BIRTH Local Reg. No
ដ្ឋិទ្ធិ		FIDAHO Reg. Dist. No
#####	1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
D certific charge	(a) CountyFranklin (b) CityWeston	(a) State Idaho (b) County Franklin
e a	(c) Street Address or R.F.D. No.	(c) City Waston
밥은	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No
COMPLETED filing. No c	(e) Mothers stay BEFORE delivery:	(e) How long has MOTHER lived in Idaho? 18 yrs.
Ming	In THIS county years months days	3. RESIDENCE OF FATHER (city, state) Deamark
	4. FULL NAME OF CHILD Ruth Vinnia Anderson	5. Date of Birth of Child
Mail of tor	7. Twin or If so—born	8. No. months
≱ ું દ	6 Sex female Triplet 1st, 2nd, 3rd	of Pregnancy 9. Legitimate?
* 4 P	FATHER OF CHILD	MOTHER OF CHILD
t i	10. FULL NAME Hans Anderson	16. FULL MAIDEN NAME Mary McCulloch
Ħ Š Ž	11 Color 12 Age at time	17 Color 18 Ago at time
certificate. Boise, Idaho tey order or	or Race white of THIS birth 31 yrs.	or Race white of THIS birth 10 yrs.
ls c s, 1	13. Birthplace	19. Birthplace Weston, Idaho
eting this Statistics, ents, mon	(City or town) (State or foreign country)	(City or town) (State or foreign country)
tis,	14. Exact Occupation Farmer	20. Exact OccupationHousewife
Sta	15. Industry or	21. Industry or
A TO	Business	Business
completing t Vital Statist fifty cents,	22. Name prophylactic used to prevent Ophthalmia Neonatoru	ım
	23. Number of children of this mother: (a) At time of birth a	and including this child. 1 (b) Born alive and now living 1
₽ 6 6 E		CERTIFICATE
er ribbon e Bureau payment	24. I HEREBY CERTIFY That I attended the birth of this child,	, who was born alive at M. on the date
E F		(Born alive, stillborn)
T A B	and at the place stated above, and that personal particula	(First name) (Last name)
at te	who is related as Aunt	(200)
S to B	(Mother, etc.)	
P	25. Attendant's M.D. Midwife Midwife	Address Date
Record ty postage res an ad	State of Idaho   ss.	AFFIDAVIT
8 5 B	County of Franklin ss.	(To be completed when the attendant does not sign in Item 25.)
B D S	I, the undersigned, being first duly sworn, say that I am the	aunt of the person whose name appears
H SS I		(Mother, etc.)
A L S	in Item 4, above, that I am nowyears of age, that	t I have known this person for 53 years, and that
찚단	Beletta Jausen	, who attended this birth is NOW deceased. I further (Is now deceased) or (Cannot be located)
3S 0		est of my knowledge, and that I desire to have this birth record-
	ed under Chapter 139, 1937 Session Laws.	Lauth vinne Indum Shure Signature
검디것		VIGHT ALL CIMES AND ALL PROVIDES AND ALL THE AND ALL T
K Ink 19 FI Iffed		
tCK Ink ming FI ertified		128 East Omeide Preston, Idaho. O. Address
BLACK Ink bearing FI 1 certified		
y BLACK ink se bearing Fi ach certified	Subscribed and sworn to before me this 4 th day	128 East Omeida Preston, Idaho. O. Address of 2 , 1944.  Notary Public, residing at
BLACK Description of the control of	Subscribed and sworn to before me this 4 the day	128 East Omeida Preston, Idaho. O. Address of 2 , 1944.  Notary Public, residing at
o 7a .	Subscribed and sworn to before me this day (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Se	128 East Omeida Preston, Idaho. O. Address of 2 , 1944.  Notary Public, residing at

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

	513-122-006-231	of date of birth of THIS child.) State File No. 339538
무습		
certificate arge for 1		TE OF BIRTH Local Reg. No
e fic	1. PLACE OF BIRTH (All jtems at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
Charge	(a) County Bingham (b) City Sheller	(a) State Odeko (b) County Bingham
	(c) Street Address or R.F.D. No.	(c) City Shelley Odaha
U O	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No.
HÄ	***************************************	(e) How long has MOTHER lived in Idaho? 29 yrs.
15. 15.	(e) Mothers stay BEFORE delivery:	
COMPLETED filing. No c	In THIS county years months days	5 Date of Right of Child
12 P T	OF CHILD Melson Q. Ealon	(Month, day, year) Oct. 22, 1926.
E of o	7. Twin or If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy $\mathcal{G}$ 9. Legitimate? $\mathcal{G}_{\mathcal{F}}$
L G	FATHER OF CHILD	MOTHER OF CHILD
rte fdah or		16. FULL MAIDEN Clie Bertha Starkie
P. C.	10. FULL Suna Coton 11. Color 0 12. Age at time 0.	17. Color 0: 18. Age at time
180	or Race Ashle of THIS birth 3 yrs.	or Race while of THIS birth 3.7 yrs.
E P	ar are	19. Birthplace Vernal Wal Wintal
this istics, mon	(City or town) (State or foreign country)	(City or town) (State or foreign country)
Pitsi i	14. Exact Occupation Jruck driving	20. Exact Occupation Gause Reekins
stir Star	15 Industry or $\sim$ $\sim$ $\sim$ $\sim$	21. Industry or
10 T	Business County Vruen	Business M. how
# Z	22. Name prophylactic used to prevent Ophthalmia Neonator	um argunal 1090
674	23. Number of children of this mother: (a) At time of birth	and including this child. (b) Born alive and now living
# 5 to	ATTENDANT'S	who was born aline at & Mron the date
od per	24. I HEREBY CERTIFY That I attended the birth of this child	· · · · · · · · · · · · · · · · · · ·
er ribbon e Bureau payment	and at the place stated above, and that personal particular	ars were furnished by Jung Calon
te te	who is related as Tather	(Last name)
Sto	(Mother, etc.)	
129	25. Attendant's Course Cullet Midwife Midwife	Address Date
#1 6 g		
a trigation	State ofss.	(To be completed when the attendant does not sign in Item 25.)
E D S		
NS 4	i, the underlighted, being and dury bireri, buy that i and	eof the person whose name appears (Mother, etc.)
Y S		t I have known this person foryears, and that
AC P	(First name) (Last name)	, who attended this birth
H O	state that the facts on the certificate above are true to the b	est of my knowledge, and that I desire to have this birth record-
E LE	ed under Chapter 139, 1937 Session Laws.	<b></b>
Mat		Signature
BLAC bear		P. O. Address
nly Bi ope be Each	Subscribed and sworn to before me thisda	
nly ope Eg	(SEAL)  (Note: Perjury is munishable as a felony in Idaho: see S	ec. 17-914, Idaho Code Annotated.)
9 4	· · · · · · · · · · · · · · · · · · ·	
E S G	Received for filing onDEC 2-8 1944	by Registrar
		"I "Y "PAGAL

CART & NAL

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

	1/4	65-009.007253	·	State File No 400850
급복		ted States (Be sure the information is as	of date of birth of THIS child.)	State File No.
r t	-		TE OF BIRTH	Local Reg. No
흡유			OF IDAHO	Reg. Dist. No
D certificate charge for f	1.	PLACE OF BIRTH (All items at time of this birth)	1	THER (At time of this birth)
9 4		(a) County Blaine (b) City Bellevue.	1	(b) CountyBlaine
ದಿ ಭ		(c) Street Address or R.F.D. No	(c) City Pellevue	B.
# S		(d) Name of Hospital or Maternity Home: At home.	(d) Street Address or R.F.J	D. No
ä.		(e) Mothers stay BEFORE delivery:	(e) How long has MOTHE	R lived in Idaho?3yrs.
Σą		In THIS county 3 years months days	3. RESIDENCE OF FATHER (	city, state) Bellevue, Idah
COMPLETED (filing. No ch		of CHILD Viva Vennetta Donnelly.	5. Date of Birth	of Child Nov. 9, 1891.
Madli , for		7. Twin or If so—born	8. No. months	
		Sex FM Triplet Single 1st, 2nd, 3rd	of Pregnancy 9	
Hficate. se, Idah order or	10	FATHER OF CHILD	MOTHER (	OF CHILD
E H	10.	NAME Patrick Daniel Donnelly	NAME Hattie Bell	linger.
1 8 E	11.	Color or Race White of THIS birth 29 yrs.	17. Color white	18. Age at time
certificate. N Boise, Idaho, ev order or c	•	•	VI 1400	of THIS birth 18 yrs.
	13.	Birthplace St Louis Mo. U.S.A. (City or town) (State or foreign country)	19. Birthplace Canyon City (City or town)	(State or foreign country)
eting this Statistics, ents, mor		Exact	20 Event	•
leting Statis cents,		Occupation Miner	Occupation NOUSEW1	fe.
흕짫흲	15.	Industry or Business	21. Industry or Business	
completing typical Statist				
823	22. 23.	Name prophylactic used to prevent Ophthalmia Neonator Number of children of this mother: (a) At time of birth		
はなな	20.		S CERTIFICATE	sorn anve and now hving
2 B 1	24.			.at
typewriter ribbon e to State Bureau advance payment	_		(Born alive, stillborn)	
2 6 6		and at the place stated above, and that personal particular	ars were furnished by(First nam	e) (Last name)
writer State nce po	•	who is related as	•	· · · · · · · · · · · · · · · · · · ·
Pew O Si	25	(Mother, etc.) Attendant's M.D.	Address	Date
E t E	20.	OWN signature Midwife		Date
Record t postage	Stat	te of Idaho.	AFFIDA	VIT
Record postag	Con	inty of Blaine SS.	(To be completed when the attender)	lant does not sign in Item 25.)
		I, the undersigned, being first duly sworn, say that I am the	e mother of the	ne person whose name appears
Ink or BLACK Re	in T	Item 4, above, that I am now73years of age, tha	(Mother, etc.)	53 years and that
	<i>1</i> 11 1	Mrs Daton		
F F G		(First name) (Last name)	(Is now deceas	ed) or (Cannot be located)
SE S		te that the facts on the certificate above are true to the b	est of my knowledge, and that I de	esire to have this birth record-
	eu	under Chapter 139, 1937 Session Laws.	Hattle Cinn	C. Signature
ACK IN			Hailey, Idal	ho. P. O. Address
		Subscribed and sworn to before me this 23rd. da	y of January	19 45
	-,		, Notary Public, re	
only slope Eac	•	(Note: Perjury is punishable as a felony in Idaho; see S	ec/17-914, Idaho Code Annotated.)	valuas Girmon <del>MikadadaMaj</del> ogon <del>abMajiki</del> €
0 📆				<del></del>
86 0 DV61	Rec	eived for filing on UAN 2.6 1945		, Registrar

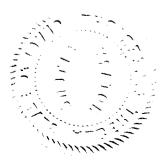
e courk

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

2	48-705 TXX4-219			10000
		re the information is as	of date of birth of THIS child	L) State File No
	partment of Commerce		E OF BIRTH	Local Reg. No
	reau of the Census	STATE O		Reg. Dist. No
	PLACE OF BIRTH (All items at time			MOTHER (At time of this birth)
	(a) County Jean Lake (b)	City M. malelali		A A
	(c) Street Address or R.F.D. No	City		(b) County Sease Zell
	(d) Name of Hospital or Maternity		(c) City. 221 and 1986.	
	Con Lone	nome.	(d) Street Address or	R.F.D. No.
****	(e) Mothers stay BEFORE delivery:			THER lived in Idaho?yrs.
	In THIS county /O years			ER (city, state) montpolicy Jack
4.	of child Rose Base	hler	5. Date of	Birth of Child day, year) 25 1891
6	7. Twin or	If so—born	8. No. months	_
	Sex Times Triplet	1st, 2nd, 3rd	of Pregnancy	
	FATHER OF CHIL	D		IER OF CHILD
	NAME Christian Buch	and Day	16. FULL MAIDEN	alett. Bartahi
11		e at time	17. Color 6 . C	18. Age at time
	or Race of	THIS birth. yrs.	or Race Whate	of THIS birth 2.7 yrs.
13	Birthplace Declesioners	Switzerland	19. Birthplace	rule duntarilare
13		State or foreign country)	Gity or to	
14	Exact C	,	20. Exact //	· · · · · · · · · · · · · · · · · · ·
	Occupation Tarmer	***************************************	Occupation Y	e befe
15			21. Industry or	U
22	Business		Business	
22	. Name prophylactic used to preven	t Ophthalmia Neonatoru	m nove	
23	. Number of children of this mother:	: (a) At time of birth a	nd including this child.44	(b) Born alive and now living
			certificate on Son	0 0
24	. I HEREBY CERTIFY That I attended	ed the birth of this child		at 3
	and at the place stated above, and	d that parconal particula	(Born alive, stillborn)	said Albanian
	س ٠	that personal particula	(Firs	Ozme) (Last name)
	who is related as			
25 Sta	(Mother, etc.)		A 5.5	Data
25.	Attendant's	- <del>M.D.</del> Midwife	Address	Date
_	OWN signature	Midwie		
St	ate of The American			FIDAVIT
Co	unty of Been Lake		(To be completed when the a	ttendant does not sign in Item 25.)
	I, the undersigned, being first duly	sworn, say that I am the	(Mother, etc.)	of the person whose name appears
in	Item 4, above, that I am now	years of age, that	I have known this person for	or 54 years, and that
111	Tient 1, above, that I am now	2/. 10.00	, who attended this birth	7 Por desert I further
! !	(First name)	(Last name)	, who attended this birth	deceased) or (Cannot be located)
st	ate that the facts on the certificate a			
	under Chapter 139, 1937 Session Lav			_
				Signature Signature
		-H	Mouran, I	dalut P. O. Address
	Subscribed and sworn to before me	this 5 day	of March	19 45
	(SBAL)	ut S. Neone	Notary Dubit	c, residing at Month elfer
	(Note: Perjury is punishable as a	felony in Idaho: see Se	c. 17-914. Idaho Code Annota	ted.)
			THE W	A CALL OF THE RESIDENCE OF THE PARTY OF THE
Re	ceived for filing on	MAR 9 1945	-pa	, Registrar
		MAR 9 1945	1	•

(1937 Session Laws, Chapter 139, Section 4)



256-201 014-445
(Be sure the information is as of date of birth of THIS child.) State File No. Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Carry (b) City Calolinell (a) State Adah (b) County Course (c) Street Address of R.F.D. No. (d) Name of Hospital or Maternity Home: ddress or R.F.D. No..... Home. bng has MOTHER lived in Idaho? Three (e) Mothers stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) In **THIS** county years months 4. FULL NAME 5. Date of Birth of Child (Month, day, year) Quag 1-18 7. Twin or If so-born 8. No. months 6. Sex ternal Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDER NAME..... Color 12. Age at time 17. Color 18. Age at fime of THIS birth vrs of THIS birth.... 19. Birthplace.... (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation La Occupation..... 15. Industry or 21. Industry or I for del Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at M. on the date and at the place stated above, and that personal particulars were furnished by Anna Belle Moore. (First name) who is related as Aunt. Attendant's OWN signature Come Belle More Midwife 3 20 Sulva way Attendant's State of Calif. County of Tulare (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the Aunt. of the person whose name appears in Item 4. (Mother, etc.) above, that I am now 73 years of age, that I have known this person for 9.7.7 her 1.f.c. years, and that (First name) Tsham, who attended this birth. Is now deceased...... I further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Time Belle more Signature 320 Sierra Way, Dinuba, Cal. P.O. Address January 1945 Subscribed and sworn to before me thin. .....day old. (Note: Perjury is punishable as a felony in Idaho; see Sec. 17914 Idaho Code Annotated.) Received for filing on.....

ZHET A I HAM

# DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)
Where the birth of a child born prior to the effective date of Chapter 191, 1911

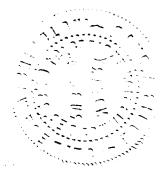
	Оер	partment of Commerce CERTIFI	is as of date of birth of THIS child	Local Reg. No
U T		PLACE OF BIRTH (All items at time of this birth)  (a) County Shoshone. (b) City Mullan  (c) Street Address or R.F.D. No. ——————————————————————————————————	(a) State	Reg. Dist. No
ing		In THIS county 4 years months	ays 3. RESIDENCE OF FATE	
ing this certificate. Mail atistics, Boise, Idaho, for its, money order or coin.	6 S 10.	or Race White of THIS birth 35  Birthplace Germany (City or town) (State or foreign country)  Exact Occupation lumber business—sawys	8. No. months of Pregnancy  16. FULL MAIDEN  NAME  17. Color or Race White  19. Birthplace Illi  (City or to	FBirth of Child  A day, year) June 22, 1891  9 9. Legitimate?  HER OF CHILD  CAPTION OF THIS birth 19 yrs.  NOIS  WM) (State or foreign country)  18 Sewife
요 다				
### ###	23. 24.	I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal pawho is related as (Mother, etc.)	birth and including this child	at 5.22 A.M. on the date  hn C. Ges (Last name)
### ###	23	Number of children of this mother: (a) At time of ATTEND I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal pa who is related as	birth and including this child	(b) Born alive and now living 3
BLACK Ink or BLACK Record typewriter abbon in bearing FIRST-CLASS postage to State Bureau of a certified copy requires an advance payment of	23	Number of children of this mother:  ATTEND I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal pa who is related as	natorum birth and including this child	at 5.00 A.M. on the date  hh C. Ges (Last name)  Date  FFIDAVIT  attendant does not sign in Item 25.)  of the person whose name appears  for 116 years, and that  i deceased I further  deceased or (Cannot be located)  at I desire to have this birth record-  Signature  P. O. Address  19.45
Ink or BLACK Record typewriter ribbon in FIRST-CLASS postage to State Bureau of the copy requires an advance payment of	23	Number of children of this mother: (a) At time of ATTEND I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal pa who is related as	natorum birth and including this child	at 5.00 A.M. on the date  the C. Ges (Last name)  Date  FFIDAVIT  attendant does not sign in Item 25.)  of the person whose name appears  for 116 years, and that  i deceased I further  deceased or (Cannot be located)  at I desire to have this birth record-  Signature  P. O. Address  19.45  ic, residing at Chewelah was

(1937 Session Laws, Chapter 139, Section 4)

403475403475 128 013-967 United States (Be sure the information is as of date of birth of THIS child.) CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... Bureau of the Census 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Camas (b) City Chriton (c) Street Address or R.F.D. No. (now Soldier) (b) County Camas Idaho (a) State.... (c) City Chriton (now Soldier) (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... none (e) How long has MOTHER lived in Idaho? 10 vrs. (e) Mothers stay **BEFORE** delivery: In THIS county 10 years 3. RESIDENCE OF FATHER (city, state) months days 5. Date of Birth of Child (Month, day, year) July 28, 1891 4. FULL NAME ROBERT MERIT BRISCOE OF CHILD.. If so-born 8. No. months 7. Twin or 6 Sex male 1st. 2nd. 3rd of Pregnancy 9 9. Legitimate? Triplet ves MOTHER OF CHILD FATHER OF CHILD 10. FULL 16. FULL MAIDEN Elizabeth Rogers Isaac Jackson Briscoe NAME..... NAME.... 11. 12. Age at time Color 17. Color 18. Age at time of THIS birth 41 yrs. of THIS birth 49 vrs. or Race White or Race..... 19. Birthplace unknown Tennessee 13. Birthplace unknown Missouri (City or town) (State or foreign country) (City or town) (State or foreign country) Exact 20. Exact Occupation Housewife Occupation Blacksmith 21. Industry or Industry or Business Business Keeping house blacksmithing none 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child. 10... (b) Born alive and now living. 10... ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date Midwife **OWN** signature State of wasnington **AFFIDAVIT** Walla Walla (To be completed when the attendant does not sign in Item 25.) County of..... I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 63 years of age, that I have known this person for Over 53 years, and that Mrs. Tunknown) Skelton , who attended this birth is now deceased I further (Last name) (Is now deceased) or (Cannot be located) (First name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Waitsburg, Washington P. O. Address Subscriber and sworn to before me this 26th day of March (Nete: Perjury is punishable as a felony in Idako; see Sec. 17-914, Idaho Code Annetsted.) Washington Received for filing on.... Registrar

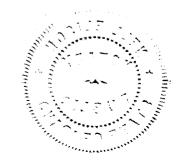
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(1937 Session Laws, Chapter 139, Section 4)



	ゔ	93-222-001-239		4032 30	State File No. 403530
육	Uni	ited States (Be sure the information is as			State File No
D certificate charge for f	_	partment of Commerce CERTIFICAT			Local Reg. No
달유		reau of the Census STATE			Reg. Dist. No
# g	1.	PLACE OF BIRTH (All items at time of this birth)	2.		THER (At time of this birth)
		(a) County Ada (b) City Caldwell		(a) StateIdaho	(b) CountyAda
Ď d		(c) Street Address or R.F.D. No. XXXXXXXXX		(c) CityCaldwell	***************************************
끝		(d) Name of Hospital or Maternity Home: XXXXX	1	(d) Street Address or R.F.I	. No
11	******	(a) Wathous star PEPAPE Jallinger	1		R lived in Idaho?6.1 yrs.
Š 5		(e) Mothers stay BEFORE delivery: In THIS county years months days	3.		ity, state) Caldwell Ma
COMPLETED filing. No c	4.	FULL NAME	1	5. Date of Birth	of Child
	1	of CHILD Nancy Angeline Nichols.		(Month, day	of Child year) July 22,1891
M to to	6	7. Twin or If so—born Sex Fomolo Triplet X 1st, 2nd, 3rd	35	8. No. months	Q LogitimatoWaa
_ 3 ;	-	Sex Female Triplet X 1st, 2nd, 3rd FATHER OF CHILD	<u> </u>	MOTHER (	9. Legitimate?Yes.
a to h	10.		16.	FULL MAIDEN.	- Obtained as
de la		NAME Jasper Conoway Nichols		FULL MAIDEN Keturah	R. onreius
ertific Solse, v ord	11.	Color or RaceWhite	1	or Race	of THIS birthyrs.
8 7 8	13.	Birthplace Cedar County, Mo.	19.	Birthplace Bond Cour	ty.Ills.
eting this Statistics ents, mo		(City or town) (State or foreign country)		(City or town)	
e the	14.	Exact Occupation Farmer.	20.	Exact House	wife.
有許ら	15.	occupation	21.	Industry or	***************************************
t de la se		Business Stockman		Business XXXX	Y
8 ± ±	22.	000000000000000000000000000000000000000	um		
444	23.	Number of children of this mother: (a) At time of birth	and inc	cluding this childQ (b) B	orn alive and now living Yes
400		ATTENDANT'	S CERT	TIFICATE	
856	94		d works	Rorn alive	. 7 79
Доб	27.	I HEREBY CERTIFY That I attended the birth of this child	ı, wno	WasAdd-takabaka	atL. M. on the date
ribb Sure		I HEREBY CERTIFY That I attended the birth of this child	1, WIIO 9 TQ WA	(Born alive, stillborn Ketu	rah R. Nichols
er ribb e Bure payme		and at the place stated above, and that personal particul	ars we	(Born alive, stillborn Keture furnished by (First name	rah R.Nichols
riter ribbon tate Bureau ce payment		and at the place stated above, and that personal particul who is related as Mother of the child.	ars we	(Born alive, stillborn Keture furnished by	rah R.Nichols
E# 8		and at the place stated above, and that personal particul who is related as Mother of the child.  (Mother, etc.)	ars we	(Born alive, stillborn Keture furnished by(First name	rah R.Nichols (Last name)
E#8	25.	and at the place stated above, and that personal particul who is related as Mother of the child.  (Mother, etc.)	ars we	(Born alive, stillborn Keture furnished by(First name	rah R.Nichols
rd typewriter ribbage to State Burean advance payme	<b>2</b> 5.	and at the place stated above, and that personal particul who is related as Mother of the child.  Attendant's M.D.  OWN signature Midwife	ars we	(Born alive, stillborn Keture furnished by(First name	(Last name)  Date
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E#8	25. Sta	and at the place stated above, and that personal particul who is related as Mother of the child.  Attendant's M.D.  OWN signature Midwife	Addre	(Born alive, stillborn Keture furnished by(First name)  ss  AFFIDA e completed when the attend	(Last name)  Date
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E#8	25. Star	and at the place stated above, and that personal particul who is related as Mother of the child.  Attendant's M.D. Midwife  te of ss.  I, the undersigned, being first duly sworn, say that I am th  Item 4, above, that I am now 73 years of age, tha	Addre	(Born alive, stillborn Keture furnished by	Date  VIT  ant does not sign in Item 25.) e person whose name appears  53 years, and that
E#8	25. Star Cou	and at the place stated above, and that personal particul who is related as Mother of the child.  Attendant's M.D. Midwife  te of Ss.  I, the undersigned, being first duly sworn, say that I am the  Item 4, above, that I am now 73 years of age, that  Frances A Sackett  (Last name)	Addre	(Born alive, stillborn Keture furnished by	Date  VIT ant does not sign in Item 25.) e person whose name appears  53  years, and that leceased. I further  d) or (Cannot be located)
E#8	25. Star Cou	and at the place stated above, and that personal particul who is related as Mother of the child.  Attendant's M.D. Midwife  te of Ss.  I, the undersigned, being first duly sworn, say that I am the  Item 4, above, that I am now 73 years of age, that  Frances A Sackett  (Eist name) (Last name)  te that the facts on the certificate above are true to the be	Addre	(Born alive, stillborn Keture furnished by	Date  VIT  ant does not sign in Item 25.) e person whose name appears  53  years, and that leceased. I further  b) or (Cannot be located) sire to have this birth record-
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E#8	25. Star Cou	and at the place stated above, and that personal particul who is related as Mother of the child.  (Mother, etc.)  Attendant's M.D. Midwife te of Ss.  I, the undersigned, being first duly sworn, say that I am the Item 4, above, that I am now 73 years of age, that Frances A Sackett  (Last name) te that the facts on the certificate above are true to the b under Chapter 139, 1937 Session Laws.	Addre	(Born alive, stillborn Keture furnished by	Date  VIT ant does not sign in Item 25.) e person whose name appears (53 years, and that eceased. I further d) or (Cannot be located) sire to have this birth record-
E#8	25. Star Cou	and at the place stated above, and that personal particul who is related as Mother of the child.  (Mother, etc.)  Attendant's  OWN signature  M.D.  Midwife  te of	Addre	(Born alive, stillborn Keture furnished by	Date  VIT ant does not sign in Item 25.) e person whose name appears 2.53 e years, and that eceased. I further d) or (Cannot be located) sire to have this birth record- Signature i.e. 1. P. O. Address
E#8	25. Star Cou	and at the place stated above, and that personal particul who is related as Mother of the child.  (Mother, etc.)  Attendant's  OWN signature  M.D.  Midwife  te of	Addre	(Born alive, stillborn Keture furnished by	Date  VIT ant does not sign in Item 25.) e person whose name appears 2.53 e years, and that eceased. I further d) or (Cannot be located) sire to have this birth record- Signature i.e. 1. P. O. Address
E#8	25. Star Cou	and at the place stated above, and that personal particul who is related as Mother of the child.  Attendant's M.D.  OWN signature Midwife  te of ss.  It the undersigned, being first duly sworn, say that I am the litem 4, above, that I am now 73 years of age, that Frances A Sackett  (Einst name) (Last name) te that the facts on the certificate above are true to the bunder Chapter 139, 1937 Session Laws.	Addre	(Born alive, stillborn Keture furnished by	Date  VIT ant does not sign in Item 25.) e person whose name appears 2.53 e years, and that eceased. I further d) or (Cannot be located) sire to have this birth record- Signature i.e. 1. P. O. Address
E#8	25. Star Cou	and at the place stated above, and that personal particul who is related as Mother of the child.  (Mother, etc.)  Attendant's  OWN signature  M.D.  Midwife  te of	Addre	(Born alive, stillborn Keture furnished by	Date  VIT ant does not sign in Item 25.) e person whose name appears 2.53 e years, and that eceased. I further d) or (Cannot be located) sire to have this birth record- Signature i.e. 1. P. O. Address

(1937 Session Laws, Chapter 139, Section 4)



751-227 2005-619 State File No....4 United States (Be sure the information is as of date of birth of THIS child.) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No ... No charge for Bureau of the Census STATE OF IDAHO Reg. Dist. No ... 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth (b) City Yocate (a) County Dannock (b) County Bann (a) State... (c) Street Address of R.F.D. No. 758 n. Hamison are (c) City. (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. 758. N. Harrison are (e) How long has MOTHER lived in Idaho?. (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Pocotello In THIS county 4 months days 5. Date of Birth of Child 4. FULL NAME OF CHILD. (Month, day, year)... Twin or If so-born No. months Temale 9. Legitimate? 4 Sex Triplet 1st, 2nd, 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME NAME Age at time Color 18. Age at time 12. 17. Color of THIS birth 40 vrs. f THIS birth...生 or Race. or Race Birthplace.... Birthplace... (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation. Occupation 15. Industry or 21. Industry or Business **Business** Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child  $\mathcal{L}$ ... (b) Born alive and now living  $\mathcal{L}$ ... ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date Midwife **OWN** signature adaho. State of. **AFFIDAVIT** County of Bamma (To be sempleted when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the of the person whose name appears (Mother, etc.) in Item 4, above, that I am now, .....years of age, that I have known this person for. years, and that. mis ....., who attended this birth (Is now deceased) or (Cannot be located) (First name) (Last name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before meethis. Notary Public, residing at., (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on.... Registrar

(1937 Session Laws, Chapter 139, Section 4)

	F BIRTH		
h)			nis birth)
CHUM	(a) State ITAHO	(b) County	RLAINE
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	(c) City	→ 'LI 'D' \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	***************************************
	(d) Street Address or R.F.D.	No. N.O. N.C.	
	(e) How long has MOTHER	l lived in Idaho?.	v
onths days 3	RESIDENCE OF FATHER (ci	tv. state) K	JI II M
	5. Date of	Birth of Child	0 100
BRIHTMILEN	(Month,	day, year)	rew per 33
If so—born	8. No. months	^	
1st, 2nd, 3rd		9. Leg	timate? V P. S
	MOTH	IER OF CHILD	_1 _
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	or Race W HITE	of THIS	birth 20
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of this child, who was		at	
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M.D. Ac	ldress	De	xte
Midwife			
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(Last name) wł	on attended this birth	LS now dece ceased) or (Cannot le this birth recorde	a.sed I furt e located) ed under Chapter l
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	STATE OF D  CONTROL OF D  STATE OF D  CONTROL OF D  If so—born   1st, 2nd, 3rd   If so—born   1st, 2nd, 3rd   ANA   1st or foreign country)  CS   N C SS   2  L Q U o R  In of this child, who was cond particulars were furnish  M.D. Midwife  SS. (To be carry that I am the from the from the conditions of the child of t	2. USUAL RESIDENCE OF MO  (a) State 17 A +  (b) How long has MOTHER  3. RESIDENCE OF FATHER (c)  5. Date of (Month, If so—born 1st, 2nd, 3rd  1st, 2nd, 3rd  16. FULL MAIDEN MOTH  17. Color or Race W + 1 + e  18. No. months of Pregnancy  MOTH  19. Birthplace 1 U + C + 1  19. Birthplace 1 U + C + 1  20. Exact Occupation 1 0 U SC  21. Industry or Business  11. No months of Pregnancy  12. Lace of birth and including this child. 2 (b) Born  ATTENDANT'S CERTIFICATE  18. Of this child, who was (Born alive, stillborn)  19. Of this child, who was (Born alive, stillborn)  10. Address  M.D. Address  M.D. Address  Midwife  17. Obe completed when the attendar  M.D. Midwife  18. Occupation 1 0 U SC  (City of Color or Race W + 1 + e  (City of Color or Race W + e  (City of Color or Race W	CERTIFICATE OF BIRTH STATE OF IDAHO  2. USUAL RESIDENCE OF MOTHER (At time of the continuous of the person whose nor continuous of the person

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MAY 9 - 1840

# DELAYED REGISTRATION LAW (1937 Session Laws, Chapter 139, Section 4)

41	3 125 025					
	ed States		ire the informa	tion is as of	date of birth of THIS child.	State File No. 4047
Depa	artment of Comme	rce	CERT	IFICATE	OF BIRTH	Local Reg. No
Bure	au of the Census		<b>U</b>	STATE OF		Reg. Dist. No
1. F	PLACE OF BIRTH (	All-items at tim	e of this birth)			MOTHER (At time of this big
(	(a) County	(b)	City Gra	nawice		(b) County
	(c) Street Address	or R.F.D. No.	Nomeste	01		angeville - (12 mi
	(d) Name of Hospit					
	**************************************		one		(d) Street Address or F	
(	(e) Mothers stay Bl	EFORE delivery:		_	•	THER lived in Idaho?
<del></del>	In THIS county	years	months	days		R (city, state) Same
	FULL NAME OF CHILD	Olyde	mill	N	5. Date of F (Month,	day, year) and 25-/6
6 Se	ex Male	7. Win or		—born 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? Yes
0 30		THER OF CHIL		zna, ora		ER OF CHILD
10. 11.	FULL 70 0				16. FULL MAIDEN	
	NAME aylu	s Keane	. Mill	<u> </u>	NAME auc	y Ellen Low
	Color or Race Whi	12. Ag	re at time	3 vrs	17. Color White	18. Age at time of THIS birth
	Birthplace Eliza	welton			2 ,	Courty - Oregon
13.	Birthplace	course with			19. Birthplace Joek	
14.	Exact (Chr or	,	State or foreign cour	ntry)	20. Exact (City or town	
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	Business	used to preven	t Ophthalmia	Neonatorum	Business	in the second se
22.	Business  Name prophylactic				Business	b) Born alive and now living.
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22. 23.	Business  Name prophylactic Number of children  I HEREBY CERTIF	of this mother Y That I attended	: (a) At time ATTI ed the birth of	of birth and ENDANT'S (this child,	Business  d including this child	at
22. 23. 24.	Business Name prophylactic Number of children I HEREBY CERTIF and at the place s	of this mother Y That I attended tated above, and	: (a) At time ATTI ed the birth of	of birth and ENDANT'S (this child,	Business  d including this child	at
22. 23. 24.	Business  Name prophylactic Number of children  I HEREBY CERTIF	of this mother Y That I attended tated above, and	: (a) At time ATTI ed the birth of d that personal	of birth and ENDANT'S (this child,	Business  d including this child	at
22. 23. 24.	Name prophylactic Number of children I HEREBY CERTIF and at the place s who is related as Attendant's	of this mother Y That I attended tated above, and	: (a) At time ATTI ed the birth of d that personal	of birth and ENDANT'S (this child, this ch	Business  d including this child4 (the CERTIFICATE who was	at
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22. 23. 24.	Name prophylactic Number of children  I HEREBY CERTIF and at the place s who is related as  Attendant's OWN signature	Y That I attended tated above, and (Mother, etc.)	: (a) At time ATTI ed the birth of d that personal	of birth and ENDANT'S (this child, this ch	Business  d including this child	name) (Last name)
22. 23. 24. 25. State	Name prophylactic Number of children I HEREBY CERTIF and at the place s who is related as Attendant's OWN signature	Y That I attended tated above, and (Mother, etc.)	: (a) At time ATTI ed the birth of d that personal	of birth an ENDANT'S this child, particulars M.D. A Midwife	Business  d including this child. 4 (RETIFICATE who was	Date  IDAVIT tendant does not sign in Item
22. 23. 24. 25. State	Name prophylactic Number of children I HEREBY CERTIF and at the place s who is related as Attendant's OWN signature	Y That I attended tated above, and (Mother, etc.)	: (a) At time ATTI ed the birth of d that personal	of birth an ENDANT'S this child, particulars M.D. A Midwife	Business  d including this child. 4 (RETIFICATE who was (Born alive, stillborn) s were furnished by (First  ddress  AFF To be completed when the att	name) (Last name)  Date
22. 23. 24. 25. State Coun	Name prophylactic Number of children I HEREBY CERTIF and at the place s who is related as. Attendant's OWN signature e of Management ity of Specific Specifi	Y That I attended tated above, and (Mother, etc.)  being first duly	: (a) At time ATTI ed the birth of d that personal ss. sworn, say tha	of birth an ENDANT'S this child, particulars M.D. A Midwife  ('t	Business  d including this child. 4 (RETIFICATE who was	Date  TDAVIT tendant does not sign in Item of the person whose name app
22. 23. 24. 25. State Coun	Name prophylactic Number of children I HEREBY CERTIF and at the place s who is related as. Attendant's OWN signature e of	Y That I attended tated above, and (Mother, etc.)  being first duly	: (a) At time ATTI ed the birth of d that personal ss. sworn, say tha years of	of birth and ENDANT'S (this child, this child, the particulars and the model of the particulars and the model of the particulars and the model of the particulars and the model of the particular and the model of the particular and the model of the particular and the model of the particular and the model of the particular and the model of the particular and the model of the particular and the model of the particular and the model of the particular and the particular	Business  d including this child. 4 (RETIFICATE who was	Date  TDAVIT tendant does not sign in Item of the person whose name app  53 years, and
22. 23. 24. 25. State Coun	Business  Name prophylactic Number of children  I HEREBY CERTIF and at the place s who is related as.  Attendant's OWN signature e of Market ity of the undersigned, em 4 above, that I	Y That I attended tated above, and (Mother, etc.)  being first duly	: (a) At time ATTI ed the birth of d that personal  ss. sworn, say that years of	of birth and ENDANT'S of this child,	Business  d including this child. 4 (RETIFICATE who was  (Born alive, stillborn) s were furnished by	Date  Date  IDAVIT tendant does not sign in Item of the person whose name app  53  years, and ow decayase for
22. 23. 24. 25. State Coun. I in Ite	Business  Name prophylactic Number of children  I HEREBY CERTIF and at the place s who is related as.  Attendant's OWN signature e of Washington ity of Spirit I, the undersigned, em 4. above, that I	Y That I attended tated above, and (Mother, etc.)  When the control of the contro	: (a) At time  ATTI ed the birth of d that personal  ss. sworn, say that years of (Last na	of birth an ENDANT'S (this child, particulars M.D. A Midwife (t I am the age, that	Business  d including this child. 4 (RETIFICATE who was	Date  TDAVIT  tendant does not sign in Item of the person whose name app  53  years, and oud decased or (Cannot be located)
22. 23. 24.  State Coun I in Ite	Business  Name prophylactic Number of children  I HEREBY CERTIF and at the place s who is related as.  Attendant's OWN signature e of Washington ity of Signature (First same) e that the facts on	Y That I attended tated above, and (Mother, etc.)  When the certificate is a second to the certificate in th	: (a) At time  ATTI ed the birth of d that personal  ss. sworn, say that years of  (Last management)	of birth an ENDANT'S (this child, this chi	Business  d including this child. 4 (RETIFICATE who was	Date  Date  TDAVIT  tendant does not sign in Item of the person whose name app  53  years, and  our decayed fur  eccased) or (Cannot be located)  I desire to have this birth rec
22. 23. 24.  State Coun I in Ite	Business  Name prophylactic Number of children  I HEREBY CERTIF and at the place s who is related as.  Attendant's OWN signature e of Washington ity of Spirit I, the undersigned, em 4. above, that I	Y That I attended tated above, and (Mother, etc.)  When the certificate is a second to the certificate in th	: (a) At time  ATTI ed the birth of d that personal  ss. sworn, say that years of  (Last management)	of birth an ENDANT'S (this child, this chi	Business  d including this child. 4 (RETIFICATE who was	Date  Date  TDAVIT  tendant does not sign in Item of the person whose name app  53  years, and  oud decay of fur  eccased) or (Cannot be located)  I desire to have this birth recovery
22. 23. 24.  State Coun I in Ite	Business  Name prophylactic Number of children  I HEREBY CERTIF and at the place s who is related as.  Attendant's OWN signature e of Washington ity of Signature (First same) e that the facts on	Y That I attended tated above, and (Mother, etc.)  When the certificate is a second to the certificate in th	: (a) At time  ATTI ed the birth of d that personal  ss. sworn, say that years of  (Last management)	of birth an ENDANT'S (this child, this chi	Business  d including this child. 4 (RETIFICATE who was  (Born alive, stillborn) s were furnished by	Date  Date  Date  TDAVIT  tendant does not sign in Item of the person whose name app  53  years, and  our decased) or (Cannot be located)  I desire to have this birth reco
22. 23. 24.  State Coun I in Ite	Business  Name prophylactic Number of children  I HEREBY CERTIF and at the place s who is related as.  Attendant's OWN signature  e of	Y That I attended tated above, and (Mother, etc.)  being first duly am now the certificate at 1937 Session Law	: (a) At time  ATTI ed the birth of d that personal  ss.  sworn, say tha  years of  (Last na above are true ws.	of birth and ENDANT'S this child, a particulars M.D. A Midwife (1) t I am the age, that to the best	Business  d including this child. 4. (Recompleted when the attended this birth.  (Is now do not be a to the attended this birth.	Date  Date  TDAVIT  tendant does not sign in Item of the person whose name app  53  years, and  oud decay of fur  eccased) or (Cannot be located)  I desire to have this birth recovery
22. 23. 24.  State Coun I in Ite state ed u	Business  Name prophylactic Number of children  I HEREBY CERTIF and at the place s who is related as.  Attendant's OWN signature e of Washington ity of Signature (First same) e that the facts on	Y That I attended tated above, and (Mother, etc.)  being first duly am now the certificate at 1937 Session Law	: (a) At time  ATTI ed the birth of d that personal  ss.  sworn, say tha  years of  (Last na above are true ws.	of birth an ENDANT'S (this child, this chi	Business  d including this child. 4. (Recompleted when the attended this birth.  (Is now do not be a to the attended this birth.	Date  Date
22. 23. 24.  State Coun I in Ite state ed u	Business  Name prophylactic Number of children  I HEREBY CERTIF and at the place s who is related as.  Attendant's OWN signature e of August ity of August (First same) e that the facts on under Chapter 139,  Subscribed and swo	Y That I attended tated above, and (Mother, etc.)  (Mother, etc.)  being first duly am now the certificate at 1937 Session Law orn to before me	ss. sworn, say that years of (Last me above are true ws.	of birth an ENDANT'S this child, particulars M.D. A Midwife t I am the age, that to the best day day	Business  d including this child. 4. (RETIFICATE who was  (Born alive, stillborn) s were furnished by  (First  ddress  AFF  To be completed when the att  (Mother, etc.) I have known this person for who attended this birth.  (Is now do to f my knowledge, and that  (Slaw Surson  Of May	Date  Date  TDAVIT  tendant does not sign in Item of the person whose name app  53 years, and  OU decased fur  eccased) or (Cannot be located)  I desire to have this birth recommendation  Signs  P. O. Add  19 #57
22. 23. 24.  25.  State Coun. I in Ite	Business  Name prophylactic Number of children  I HEREBY CERTIF and at the place s who is related as.  Attendant's OWN signature e of August ity of August (First same) e that the facts on under Chapter 139,  Subscribed and swo	Y That I attended tated above, and (Mother, etc.)  (Mother, etc.)  being first duly am now the certificate at 1937 Session Law orn to before me punishable as a	ss. sworn, say that years of (Last me above are true ws.	of birth an ENDANT'S this child, particulars M.D. A Midwife t I am the age, that to the best day day	Business  d including this child. 4. (Recompleted when the attended this birth.  (Is now do not so the completed when the attended this birth.	Date  Date  TDAVIT  tendant does not sign in Item of the person whose name app  53 years, and  OU decased fur  eccased) or (Cannot be located)  I desire to have this birth recommendation  Signs  P. O. Add  19 #57

MAY 2 4 1945

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

7	713-106-004-863		
Unit	ted States (Be sure the info	ormation is as of date of birth of THIS	child.) State File N104821
Dep	artment of Commerce CE	RTIFICATE OF BIRTH	Local Reg. No
Bure	eau of the Census	STATE OF IDAHO	Reg. Dist. No.
1.	PLACE OF BIRTH (All items at time of this bi	irth)   2. USUAL RESIDENC	E OF MOTHER (At time of this birth
	(a) County Bear Lake (b) City Pr.		(b) County Bear Lak
	(c) Street Address or R.F.D. No.		ton
	(d) Name of Hospital or Maternity Home:		
			s or R.F.D. No.
	(e) Mothers stay BEFORE delivery:		MOTHER lived in Idaho?22y
	In THIS county years months	s days 3. <b>RESIDENCE OF F</b>	ATHER (city, state) Preston 1
	FULL NAME Levi Lester Palmer	5. Dat (Mo	e of Birth of Child 9/6/1891 onth, day, year)
6 S 10.		If so—born 8. No. month	S
6 S	inpict .	1st, 2nd, 3rd of Pregnan	
5 1	FATHER OF CHILD		OTHER OF CHILD
TO.	FULL NAME ISARC Odkinson Palme	TO. PULL MALLER	Rlisabeth Holmes
11.	Color 12. Age at time	17 Color	10 Ama at time
) H	or Race of THIS birth		of THIS birth 38 y
13.	Birthplace Shockofcorn IOW	S 10 Pinthplace 3 cm	ineland
10.	(City or town) (State or foreign	n country) (City	idon <u>England</u> or town) (State or foreign country)
7/	Front	90 Event ~~	nase wife
15.	Occupation Farmer	Occupation	MDG MTTA
15.		21. Industry or	
·	Business	Business	
22.	Name prophylactic used to prevent Ophthalr Number of children of this mother: (a) At t	mia Neonatorum	·····
23.	Number of children of this mother: (a) At t	ime of birth and including this child	(b) Born alive and now living
24.	I HEREBY CERTIFY That I attended the birth	(Born alive, still)	orn)
?	and at the place stated above, and that pers	sonal particulars were lurinshed by	(First name) (Last name)
	who is related as		(Last mane)
25.	(Mother, etc.)		
25.	Attendant's	M.D. Address	Date
<b>.</b>	OWN signature	Midwife	
Stat	e of Arizona		AFFIDAVIT
Stat Cour	nty of wastigen		he attendant does not sign in Item 25
į	I, the undersigned, being first duly sworn, say	that I am the Brother	of the person whose name appea
in It	71	(Mother, etc.)	n for 53 was and th
in It	tem 4, above, that I am now year	rs of age, that I have known this person	on for 53 years and the can not be located)
	Erse Greenaligh	, who attended this birth	I furth
atat	(La (First name) (La e that the facts on the certificate above are 1		
	under Chapter 139, 1937 Session Laws.		
-		x c)saac (10	Calring Signatu
_			<del>-</del>
_			
	10	May	<b>45</b> O. Addre
	Subscribed and sworn to before me this 10	day of	
-	(SEAL)	day of Notary P	ublic residing at Thetahan
	Subscribed and sworn to before in this	day of , Notary P Idaho, see Sec. 17-914, Idaho Cod Ini	ublic residing at Thetahan
	(SEAL) (Note: Perjury is punishable as a felony in	day of Notary P Idaho, see Sec. 17-914, Idaho Cod In	ublic, residing at
	(SEAL)	day of Notary P	ublic residing at Photobox

(1937 Session Laws, Chapter 139, Section 4)

	296-204-00-319			444300
envelope bearing copy requires an	United States		of date of birth of THIS child.)	State File No414.8.2.9
envelope bear copy requires	Department of Commerce		E OF BIRTH	Local Reg. No.
d ii	Bureau of the Census  1. PLACE OF BIRTH (All items at time of		F IDAHO	Reg. Dist. No.
<u>8</u> §	(a) County		2. USUAL RESIDENCE OF MOTH	
P 4	(c) Street Address or R.F.D. No.	<del>-</del> //	(a) State J OCCUPO	(b) County ada
•	(d) Name of Hospital or Maternity Ho		(c) City Eagle	
H P	Hay		(d) Street Address or R.F.D. N	o
ificate in certified	(e) Mothers stay <b>BEFORE</b> delivery:	_	(e) How long has MOTHER li	ved in Idaho?yrs.
	In <b>THIS</b> county years	♂ months days	3. RESIDENCE OF FATHER (city,	state) Eagle Idaho
D certificate Each certifie	4. FULL NAME 5 arch	Frances B		th of Child Beet, 1891
Ħ.	6. Sex Fernale 7. Twin or Triplet	If so—born	8. No. months	0.7.10.10.10.1
COMPLETED for filing. Ec	FATHER OF C	lst, 2nd, 3rd	of Pregnancy	9. Legitimate? USE
<b>2</b> #	10. FULL		16. FULL MAIDEN >>>	100.
	MANUE		NAME ILOUS	arel D. Cary
e. Mail	or Race Use () 12.	Age at time of THIS birth. 41	17. Color or Race	of THIS birth 35 yrs.
	1 - 0	Of this blide yes.		nan Texas
certificate. Ing. No cł	13. Birthplace (City or town)	(State or foreign country)	19. Birthplace City or t	· · · · · · · · · · · · · · · · · · ·
ğž	14. Exact Cocupation Farm	• • • • • • • • • • • • • • • • • • • •	20. Exact	
ig ig	Occupation		Occupation 21. Industry or	service
	Business		Business	V
this or fil	22. Name prophylactic used to prevent	Onhthalmia Neonatorum	<del>V</del>	
dng o, f	23. Number of children of this mother:			live and now living.
ple Id y	20. Number of children of this mother:	ATTENDANT'S		ive and now living
Ď,	24. I HEREBY CERTIFY That I attended	•		at M on the date
ii Sois			(Born alive, stillborn)	
n 3	and at the place stated above, and		rnished by(First name)	(Last name)
ribbon istics, I	who is related as(Mothe		(	(Laure Harris)
r and co	25. Attendant's	r, etc.) M.D.	Address	Date
# SE P	OWN signature	Midwife	11445	Date
ital	State of Aaho		AFFIDAVIT	
Record type breau of Vit money orde	County of Ada	ss.	o be completed when the attendant	does not sign in Item 25.)
P E S	I, the undersigned, being first duly	sworn, say that I am the	iter of the pe	rson whose name appears in Item 4.
380			(Mother, etc.) have known this person for	3
	dbove, that I did now	<b>1</b> • • • •	•	
BLACK State I	(First name)	(Last name)	, who attended this birth	sed) or (Cannot be located)
E S	state that the facts on the certificate abo		owledge, and that I desire to have the	is birth recorded under Chapter 139,
	1907 Session Laws.		Carrie Dolly	Redge Signature
I dig it		<b>4</b> .		
		Ul		P. O. Address
BLACK ASS por	Subscribed and sworn to before me	this day of	May	, 19.
only BLACK 1 I-CLASS post	(SEAL)	Mala Filds	, Notary Public, re	esiding at Jours Lea
IN THE	(Note: Perjury is punishable as a	felony in Idaho; see Sec. 17-914,	Idaho Code Annotated.)	•
JES P	Received for filing on	2 1945	by Walm FXLA	National Registrar.
, H 0	MAY Z	0 1344		, negistat.

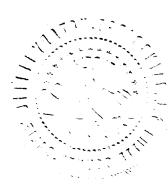
MAY 2 3 1045

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

	•	7,86-202.002-363				
8 <b>-</b>			ne information is as o	f date of birth of THIS child.)	State File	No.405941
	De	partment of Commerce	CERTIFICATI			No
Į o	Bu	reau of the Census	STATE OF		Reg. Dist.	No
H o	1.	PLACE OF BIRTH (All items at time of	this birth)	2. USUAL RESIDENCE OF MC		
charge		(a) County dame (b) City	contry	(a) State Idako		
Ğ		(c) Street Address or R.F.D. No.	neadows.	(c) City Meadou		y
No.		(d) Name of Hospital or Maternity Hom	ie:	(d) Street Address or R.F.		F D Manual
įz	*****	at some -	***************************************			
4		(e) Mothers stay BEFORE delivery:	ome -	(e) How long has <b>MOTHE</b>		· · · · · · · · · · · · · · · · · · ·
filling.		In THIS county   6 years -	nonths —days	3. RESIDENCE OF FATHER (	city, state)	meadaes Sola
	4.	FULL NAME	C 11 200 A.	5. Date of Birtl	n of Child	4 1894
ğ		of CHILD 7. Twin or	If so—born	8. No. months	, year)	W
	6	Sex Que - "Triplet"	1st, 2nd, 3rd	of Pregnancy 9	9. Legitin	nate? Uso -
Idaho, Itano,		FATHER OF CHILD		MOTHER		<del></del>
	10.	FULL ()	Carana	10 PITT BESTERS		6-00-A
i a È		NAME John newton	Lyons.	NAME OLE a Cli	men	4.4
Bods Pols	11.	Color 12. Age at of THIS	birth. 2.7yrs.	17. Color or Race 10 hite	18. Age a	IS birth.2.2.yrs.
B A B					_	· •
8 8 2	13.		or foreign country)	19. Birthplace Cotty or town)		or foreign country)
Statistics, ents. mor	14.	Exact.	r loreign country)	20. Exact	(State	or longin country)
T S		Occupation Tarmer		Occupation -	سس	The
St	15.		wo, Jacobo.	21. Industry or		1 -
ਰ ⊳		Business		Business		
Vital	22.	Name prophylactic used to prevent Op				
	23.	Number of children of this mother: (a	) At time of birth an	d including this child (b) I	Born alive ar	nd now living.
100			ATTENDANT'S	CERTIFICATE	10	•
e Bureau payment	24.	I HEREBY CERTIFY That I attended th	e birth of this child,	who was	at <i>10</i>	A.M. on the date
		and at the place stated above, and tha	t nersonal particular	(Born alive, stillborn)	. Sue	ms.
		A	t personar particular	· (First nam	e) ()	(Last name)
State ace o		who is related as				
S	25.	(Mother, etc.) Attendant's	M.D.	Address		Date
÷ 2 §	<b>4</b> 0.	OWN signature	Midwife	iduess		Date
96	C14		)	AFFIDA	VIT	
postag es an		unty of	( CC	To be completed when the attend		t cian in Itam 95 \
0.0	CU	I, the undersigned, being first duly swor	on cay that I am the	of the	anic does no	nga nama annaare
N F				(Mother, etc.)		
K D	in	Item 4 above, that I am now 75	years of age, that	I have known this person for	23	years, and that
-CLASS		1 Dr. Sherues	mod.	who attended this birth	ur Dac	I further
SIS	٠.	(First name)	(Last name)		sed) or (Cannot	
語に		tte that the facts on the certificate above	e are true to the bes			this birth record-
12.0	eŭ	under Chapter 139, 1937-Session Laws.		Collected was		Signature
Į Į	,		••	R. 2 BX . 100		P. O. Address
	: _		2314		- Lucy	A 44 THE
iĂg	-	Subscribed and sworn to before me this	day	of many		C. A. L
Ppe P		(SEAL)	and I Tables and Co	Notary Public, re	siding at	KARA MA
ĕ.		(Note: Perjury is punishable as a felo	ny in Idano; see Sec SAINBRIDGE: Nota	t. 17-914, Idaho Code Amotates.)	740 I.	S.M.
u d	Re		County of Butte, St		rough	
		418	· www.r of build. 30	ale in Laivaren 🔻 "		

(1937 Session Laws, Chapter 139, Section 4)



D B	epa: urea	ed States artment of Co au of the Cer	isus		CER	TIFICAT STATE C	TE OF BII		Loca Reg	e File No al Reg. No . Dist. No	
U D B 1.	(i	a) County	Ada dress or R.	(b) F.D. No	ne of this birt CityBoise Home:	<b>)</b>	(a) Si (c) Ci	tate Idaho Bois treet Address of	e (b)	CountyA	da
	((	e) Mothers s In <b>THIS</b> (		E delivery years	: months	days	(e) H	ow long has N DENCE OF FAT	MOTHER live	ed in Idaho	?_7_mos:
4. 4.00 6	0	TULL NAME OF CHILD ex Mal	7. e	Willi Twin or Triplet R OF CHI	No 1st	re so—born t, 2nd, 3rd	8.	No. months of Pregnancy		r) <u>Apr</u> Legitimate?	
b D 1	1. (	Color or RaceW	lis Pro hite	essley 12. A of	Gilmore ge at time THIS birth	44yrs.	17. Color or R	MAIDEN PE	lda Car 18.	ter Age at time of THIS bir	th 36 yr
Ĭ 14	4. ] (5. ]	Event	(City or town)	•	Missouri (State or foreign c	ountry)	20 Exac	t pation HOI stry or	town)	(State or forei	• • • • • • • • • • • • • • • • • • • •
7 23 0 —	4. 1	Number of cl	ERTIFY The	his mother at I attend	AT led the birth o	e of birth to TENDANT'S of this child	and including  S CERTIFICATION  I, who was	this child 9 TE Born alive, stillborn	at	live and now	on the dat
7 23 0 —	3. 1 4. 1 5. 4	Number of cl I HEREBY Cl and at the p who is relate Attendant's OWN signatu	ERTIFY The lace stated ed as	his mother at I attend above, an (Mother, etc.)	(a) At tim  AT  led the birth c  ad that person	e of birth to TENDANT'S of this child	and including CERTIFICA , who was (ars were furni Address	this child 9 TE Born alive, stillborn shed by	_(b)_Born a at	live and now	on the dat
7 23 0 —	3. 1 4. 1 5. 6 tate ount I,	Number of cl  I HEREBY Cl  and at the p  who is relate  Attendant's  OWN signatu  of MO  ty of RA  the undersi  em 4, above,	cre NTANA VALLE gned, being	at I attend above, an (Mother, etc.)	(a) At time AT led the birth of that person say the sworn, say the system of the syste	TENDANT'S of this child hal particula M.D. Midwife hat I am the of age, that	Address  (To be completed on the complete on t	this child 9 FE Born alive, stillborn is hed by (F  Aleted when the Ster other, etc.) who this person	(b) Born a  at	Date	on the dat ast name) in Item 25. ame appear
2. 2. 2. S.C. in st	3. 1 4. 1 5. 5. 6 Count I,	Number of cl  I HEREBY Cl  and at the p who is relate Attendant's OWN signatu of MO ty of RA , the undersi em 4, above, I'S. Har (First nam	cre  VALLI gned, being that I am r	this mother at I attend above, an (Mother, etc.)	et (a) At time AT led the birth of that person led that person	me of birth at TENDANT'S of this child hal particular M.D. Midwife hat I am the of age, that name)	Address  (To be completed in the property of t	this child 9 TE Born alive, stillborn ished by(F letted when the Ster other, etc.) when this person ed this birth (Is no wledge, and the still of the st	irst name)  FFIDAVIT attendant of the per for 54 IS 10W w deceased) or at I desire to	Date  loes not sign son whose not sign whose not si	on the data ast name)  in Item 25 ame appea ars, and the distribution record construction

(1937 Session Laws, Chapter 139, Section 4)

Department of Commerce Bureau of the Census	CERTIFICAT STATE O	of date of birth of THIS child.)  TE OF BIRTH  OF IDAHO	State File No.407242 Local Reg. No
(c) Street Address of R.F	(L) City WOORY 1445 5 D. No	(a) State I PA HO (c) City WOOVILLE	OTHER (At time of this birth)  (b) County Sonn Eville
(d) Name of Hospital or	Maternity Home:	(d) Street Address or R.F.	
(e) Mothers stay BEFORE			ER lived in Idaho? Apr. / yrs.
In THIS county  4. FULL NAME	years months days	3. RESIDENCE OF FATHER	
OF CHILD LECT	ng agus ng ng nanang na agus ngat ng tat việ traint 60 th financia di araparang agus a dag a a ana ag a	5. Date of Birt (Month, da)	h of Child y, year) August, 28-1891
6 Sex MALE	Win or If so—born 1st, 2nd, 3rd OF CHILD	8. No. months of Pregnancy 9	9. Legitimate? YES
10. FULL GEORSE	. W. G i FFORD	16. FULL MAIDEN LOU	ISA. HALE
or Race WHITE	12. Age at time 34 yrs.	17. Color or Race WHITE	18. Age at time 34 yrs.
13. Birthplace (City or town)	(State or foreign country)	19. Birthplace (City or town)	
14. Exact	MER	20. Exact	E.W ! FE
Occupation 7. 15. Industry or Business	/VV E N	Occupation 77 0 0 3 21. Industry or Business	C.VV I F L
- S.A	····	17 - 40 17 47 8 17 17	
22. Name prophylactic used	to prevent Ophthalmia Neonator	um NOLIKNO VV /V	
22. Name prophylactic used 23. Number of children of the	is mother: (a) At time of birth	and including this child. $Z$ (b)	Born alive and now living
23. Number of children of the I HEREBY CERTIFY Tha	is mother: (a) At time of birth  ATTENDANT': t I attended the birth of this child	and including this child(b) s CERTIFICATE  d, who was	Born alive and now living
23. Number of children of the state of the s	is mother: (a) At time of birth  ATTENDANT': t I attended the birth of this child above, and that personal particular of the R	and including this child (b)	Born alive and now living
23. Number of children of the real of the	is mother: (a) At time of birth  ATTENDANT?  t I attended the birth of this child above, and that personal particular	and including this child	at M. on the date
23. Number of children of the state of the s	is mother: (a) At time of birth  ATTENDANT:  t I attended the birth of this child above, and that personal particul.  OTHER  Mother, etc.)  M.D. Midwife	and including this child	Born alive and now living
23. Number of children of the control of the contro	is mother: (a) At time of birth  ATTENDANT':  I attended the birth of this child above, and that personal particular of the perso	and including this child	M. on the date  M. on the date  (Last name)  Date  AVIT  dant does not sign in Item 25.)  he person whose name appears
23. Number of children of the state of the s	is mother: (a) At time of birth  ATTENDANT:  I attended the birth of this child above, and that personal particulary and the personal particulary.  M.D. Midwife  ss.  first duly sworn, say that I am the years of age, that	and including this child	M. on the date  A.C. F. ORP  (Last name)  Date  AVIT  dant does not sign in Item 25.)  the person whose name appears  years, and that
23. Number of children of the state of the s	dis mother: (a) At time of birth  ATTENDANT':  It I attended the birth of this child above, and that personal particular  OTHER  Mother, etc.)  M.D.  Midwife  Ss.  first duly sworn, say that I am the years of age, that is name)	and including this child	Date  AVIT dant does not sign in Item 25.) he person whose name appears  years, and that  I further  sed) or (Cannot be located)
23. Number of children of the state of the s	dis mother: (a) At time of birth  ATTENDANT':  It I attended the birth of this child above, and that personal particular  OTHER  Mother, etc.)  M.D.  Midwife  Ss.  first duly sworn, say that I am the own by years of age, that is name)  (Last name) ertificate above are true to the best of the signal of the sig	AFFIDATE  (Born alive, stillborn)  (First nan  Address  (To be completed when the attente (Mother, etc.)  at I have known this person for the completed this birth (Is now deceated the completed when the attente (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed this birth (Is now deceated the completed the completed this birth (Is now deceated the completed this birth (Is now deceated the completed  M. on the date  M. on the date  M. on the date  M. on the date  M. if Ford  (Last name)  Date  AVIT  dant does not sign in Item 25.)  he person whose name appears  years, and that  I further  sed) or (Cannot be located)  esire to have this birth record-  Signature	
23. Number of children of the state of the s	dis mother: (a) At time of birth  ATTENDANT'S  It I attended the birth of this child above, and that personal particular  OTHER  Mother, etc.)  M.D.  Midwife  Ss.  first duly sworn, say that I am the own 63 years of age, that  (Last name) ertificate above are true to the beession Laws.	and including this child	Date  Clast name)  Date  Clast name)  Date  AVIT  dant does not sign in Item 25.)  the person whose name appears  years, and that  I further  sed) or (Cannot be located)  esire to have this birth record-  Signature  P. O. Address
23. Number of children of the state of the s	dis mother: (a) At time of birth  ATTENDANT?  It I attended the birth of this child above, and that personal particula  OTHER  Mother, etc.)  M.D.  Midwife  Ss.  first duly sworn, say that I am the own by years of age, that years of age, that years of Laws.  (Last name) ertificate above are true to the beession Laws.	and including this child	Date  AVIT dant does not sign in Item 25.) he person whose name appears years, and that I further sed) or (Cannot be located) esire to have this birth record- Signature P. O. Address 19
23. Number of children of the state of the s	dis mother: (a) At time of birth  ATTENDANT':  I attended the birth of this child above, and that personal particulary  OT HFR  Mother, etc.)  M.D.  Midwife  Ss.  first duly sworn, say that I am the years of age, that years of age, that years of age, that years of Laws.  (Last name) ertificate above are true to the beession Laws.	and including this child	Date  Clast name)  Date  Clast name)  Date  AVIT  dant does not sign in Item 25.)  the person whose name appears  years, and that  I further  sed) or (Cannot be located)  esire to have this birth record-  Signature  P. O. Address  stiding at

JUL 2 1946

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

655-228 025 655 United States (Be sure the information is as of date of birth of THIS child.) State File No CERTIFICATE OF BIRTH Local Reg. No..... Department of Commerce Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Idaho (b) City. .... (b) County. (c) Street Address or R.F.D. No... (c) City... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No.. (e) How long has MOTHER lived in Idaho? (e) Mothers stay **BEFORE** delivery: In THIS county / & 3. RESIDENCE OF FATHER (city, state) years — months — days 5. Date of Birth of Child 7/28/91 (Month, day, year) 4. FULL NAME Susan Taria Overman OF CHILD. 7. Twin or If so-born No. months Female 9. Legitimate? VAS Sex 1st. 2nd. 3rd --Triplet of Pregnancy MOTHER OF CHILD FATHER OF CHILD 10. FULL 16. FULL MAIDEN Cyrus Overmen NAME NAME White Color 12. Age at time 17. Color 18. Age at time White or Race or Race.... THIS birth. THIS bizzh 13. Birthplace. 19. Birthplace..... (City or town) (State or foreign country) 14. Exact Exact Housewife Occupation.... Occupation... Industry or Industry or - asmins Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum.... Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date Midwife OWN signature **AFFIDAVIT** State of (To be completed when the attendant does not sign in Item 25.) County of..... I, the undersigned, being first duly sworn, say that I am the the person whose name appears (Mother, etc.) 169 years of age, that I have known this person for.... ....years/and that who attended this birth it new accessed I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my/knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this... Notary Public, residing at Ala (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Corle Annotated.) 

AUG 1 0 1945

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

United States Department of Com Bureau of the Censu	merce CER	TIFICATE O STATE OF IDA	HO	State File No. 408494 Local Reg. No. Reg. Dist. No.
(a) County Was (c) Street Addre (d) Name of Ho	H (All items at time of this bir thington (b) City Miness or R.F.D. No	eral	(a) State Idaho (c) City Miners (d) Street Address or R.F.	THER (At time of this birth) (b) County Washington  D. No
In THIS cou	y BEFORE delivery: inty 10 years months	days 3.		city, state) Mineral. Id.
			5 Date of Birtl	of Child June 20, 189
of child	Triplet 1s	so—born st, 2nd, 3rd	8. No. months of Pregnancy 9	9. Legitimate? Yes
To FULL Wil NAME Wil Color or Race Wh	FATHER OF CHILD liam Alfred Norcro	ss <sup>16</sup>	MOTHER FULL MAIDENROSA LE	of CHILD Evina Pratt
or Race Wh	ite 12. Age at time of THIS birth.			18. Age at time of THIS birth24yrs.
	Nevada y or town) (State or foreign	country)	(City or town)	Colorado (State or foreign country)
13. Birthplace (Ci	Storekeeper Store		Exact Occupation House Industry or Business	wife
Number of child	ctic used to prevent Ophthalms lren of this mother: (a) At tin A7 FIFY That I attended the birth	ne of birth and incremental of the contract of	cluding this child2 (b) I TIFICATE was	Born alive and now living2
and at the place who is related	e stated above, and that person	nal particulars we	(Born alive, stillborn) re furnished by(First nam	
25. Attendant's OWN signature	(Mother, etc.)	M.D. Addre Midwife	ess	Date
State of County of I. the undersign	daho   ss Minidoka   ss ed, being first duly sworn, say to at I am now	nat I am the	(Mother, etc.)	dant does not sign in Item 25.) ne person whose name appears
DOC (First name)		name) who	attended this birth 1 S. r. (Is now decease	OW dec! d I further ed) or (Cannot be located)
ed under Chapter 1:	39, 1937 Session Laws.	***********		Bucku Signature  P. O. Address
ă U	sworn to before spec this	5th day of	August	. 19 45
SEAL)			Notary Public re	siding at Rupert, Ideh

(1937 Session Laws, Chapter 139, Section 4)

	6	649/212019-366	40	9610 Angelo
뇹흑	Uni		of date of birth of THIS child.)	State File No. 409610
\$ 7	-		TE OF BIRTH	Local Reg. No
certificate aarge for i			OF IDAHO	Reg. Dist. No
# 2	1.	PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MO	THER (At time of this birth)
Charge		(a) County Custer (b) City deslee	(a) State Leslie ) Vd	(b) County Custer
		(c) Street Address or R.F.D. No.	(c) City	
H o		(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.	n Na
E				
Z .		(e) Mothers stay <b>BEFORE</b> delivery:	(e) How long has MOTHE	$\mathbf{z}_{\mathbf{R}}$ lived in Idaho? $\mathbf{z}_{\mathbf{R}}$ yrs.
COMP.		In THIS county 4 years months days	3. RESIDENCE OF FATHER	(city, state)
COMPLETED filing. No c	4.	OF CHILD Street alynne Ville	5. Date of Birth	h of Child
			(Month, day	y, year) file was Digitally
Mail to tor coin.	6	Sex 7. Twin of If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy 9	9. Legitimate?
_ 8 .	<u> </u>	FATHER OF CHILD		OF CHILD
9 10 0	10.	FILL / /	16. FULL MAIDEN	OF CHILD
5 4 5		NAME Schurles Jughes Turey	- NAME Clase	( Nousy) Coffee
He	11.	Color 2 2 12. Age/at time 1/5	17. Color	18. Age at time
	ı	or Race of THIS birth XX yrs.	or Race	of THIS birth yrs.
2 4	13.	Birthplace a courte and a second	19. Birthplace Muss	un dour
		(City or town) (State or foreign country)	(City or town)	(State or foreign country)
t tal	14.	Exact Occupation Farmer	20. Exact	
HEE	4 =		Occupation Co	unge-
D X B	15.	Industry or Business	21. Industry or Business	
age &			<u> </u>	
854	22.	Name prophylactic used to prevent Ophthalmia Neonator	um	
477	<u>23.</u>	Number of children of this mother: (a) At time of birth		Born alive and now living
祖はま			S CERTIFICATE	
ribbo Burect	24.	I HEREBY CERTIFY That I attended the birth of this child	l, who was(Born alive, stillborn)	atM. on the date
<b>418</b>		and at the place stated above, and that personal particula		
		and at the place stated above, and that personal particular	(First nam	e) (Last name)
ŧŧ.		who is related as		
¥ 20 E		(Mother, etc.)	A.3.5	Doto
<b>E2</b> 2	25.	Attendant's M.D.  OWN signature Midwife	Address	Date
E 6.8				
Record postag		te of ss.	AFFIDA	
900	Cou	inty of Ss.	(To be completed when the atten-	dant does not sign in Item 25.)
		I, the undersigned, being first duly sworn, say that I am th	(Mother etc.)	uneello
25 5	in 1	Item 4, above, that I am now. Syears of age, tha	t I have known this person for	vears, and that
BLACK-CLASS CLASS Frequi		3, 450 70, 6140 2 444 140 7.149 141 141 141 141 141 141 141 141 141		
		(First name) (Last name)		sed) or (Cannot be located)
2 K 8	sta	te that the facts on the certificate above are true to the b	est of my knowledge, and that I d	esire to have this birth record-
검디정		under Chapter 139, 1937 Session Laws.	The Aller Hard	17 45 41 4
日記載		in the second of	· MAX ATTACO	Signature Signature
of t		te the term of th	1200 W 12	P. On Address
300		Subscribed and sworn to before me this Q	y or la Johns	19 145 1
Z o d		(SEAL)	, Notary Public, re	siding at your tela
걸음점		(Note: Perjury is punishable as a felony in Idaho; see S	c. 17-914. Idaho Code Annotated.)	
<b>.</b> 4 e			W III TY A	
FEG	Rec	elved for filing on a grant gr	by Waste P Bares	, Registrai

机量的机镍氮

(1937 Session Laws, Chapter 139, Section 4)

	epartment of Commerce CERTIFICAT	of date of birth of THIS child.) State File No. 40964  E OF BIRTH Local Reg. No.
Βυ		OF IDAHO Reg. Dist. No
1.	PLACE OF BIRTH (All items at time of this birth)  (a) County Latah (b) City MOSCOW  (c) Street Address or R.F.D. No. Gen Dely  (d) Name of Hospital or Maternity Home:	2. USUAL RESIDENCE OF MOTHER (At time of this birth  (a) State Idaho (b) County Latah  (c) City Moscow  (d) Street Address or R.F.D. No. Gan! 1 Daly
	(e) Mothers stay BEFORE delivery: 8 months days	(e) How long has MOTHER lived in Idaho? 8mos 3  RESIDENCE OF FATHER (city, state) Same
4.	FULL NAME Walter John Langdon	5. Date of Birth of Childsept. 30, 18 (Month, day, year) Sept. 30, 18
6	Sex male 7. Twin or 1. If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy 9. Legitimate? yes
	FATHER OF CHILD	MOTHER OF CHILD
10	NAME Edmund Jason Langdon	16. FULL MAIDEN NAME Minnie Louise Cunningham
11	44.6.44.	17. Color White 18. Age at time 19 of THIS birth 19
12	B. Birthplace Illinois	19. Birthplace Brownsville, Ore.
	(City or town) (State or foreign country)	(City or town) (State or foreign country)
14	Exact Occupation Sawmill owner	20. Exact Housewife
15		21. Industry or none
23		mand including this child (b) Born alive and now living
	ATTENDANT'S L. I HEREBY CERTIFY That I attended the birth of this child,	and including this child (b) Born alive and now living
	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula	and including this child (b) Born alive and now living
	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as	and including this child (b) Born alive and now living
	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as(Mother, etc.)	and including this child. 1 (b) Born alive and now living 1  GERTIFICATE  , who was
24	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as  (Mother, etc.)  Attendant's OWN signature Midwife  ate of Washington	and including this child. 1 (b) Born alive and now living 1  GERTIFICATE  , who was
24 25 Sta	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as  (Mother, etc.)  Attendant's OWN signature  ate of Washington bunty of Whitman  ATTENDANT'S  M.D. Midwife	and including this child. 1 (b) Born alive and now living 1
24 25 Sta	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as  (Mother, etc.)  Attendant's OWN signature  ate of Washington bunty of Whitman  ATTENDANT'S  M.D. Midwife	Address  AFFIDAVIT  (To be completed when the attendant does not sign in Item 2  August Affic Age to the person whose name appears and now living  (b) Born alive and now living  M. on the disconnent of the attendant does not sign in Item 2  August Affic Age the person whose name appears
24 25 Sta	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as  (Mother, etc.)  Attendant's  OWN signature  ate of Washington bunty of Whitman  I, the undersigned, being first duly sworn, say that I im the Item 4; above, that I am now years of age, that	Address  AFFIDAVIT  (To be completed when the attendant does not sign in Item 2  (The person whose name appears of the vertex of the person whose name appears in Item 2  (To have known this person for Santa Mark, years, and the completed when the person whose name appears of the person whose name
24 25 Sta	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as  (Mother, etc.)  Attendant's OWN signature  ate of Washington ounty of Whitman I, the undersigned, being first duly sworn, say that I im the Item 4; above, that I am now years of age, that	Address  AFFIDAVIT  (To be completed when the attendant does not sign in Item 2  Exercise (Exercise Completed when the attendant does not sign in Item 2  Exercise (Exercise Completed William (Exerci
24 25 Sta Co in	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as  (Mother, etc.)  Attendant's  OWN signature  ate of  Washington  Junty of  Whitman  I, the undersigned, being first duly sworn, say that I am the least the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the certi	Address  AFFIDAVIT  (To be completed when the attendant does not sign in Item 2  That of the person whose name appet to have this birth recorded by the set of my knowledge, and that I desire to have this birth recorded at the set of my knowledge, and that I desire to have this birth recorded.
24 25 Sta Co in	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as  (Mother, etc.)  Attendant's  OWN signature  ate of  Washington  Junty of  Whitman  I, the undersigned, being first duly sworn, say that I am the least the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts on the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the beautiful the facts of the certificate above are true to the certi	Address  Date  AFFIDAVIT  (To be completed when the attendant does not sign in Item 2  The person whose name appet to have known this person for the person whose name appet to make the person whose name appet the person whose name appet the person whose name appet the person whose name appet the person whose name appet the person whose name appet the person whose name appet the person whose name appet the person whose name appet the person whose name appet the person whose name appet the perso
24 25 Sta Co in	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as.  (Mother, etc.)  Attendant's M.D. Midwife ate of Washington ss.  I, the undersigned, being first duly sworn, say that I im the Item 4; above, that I am now years of age, that  (First name) (Last name) ate that the facts on the certificate above are true to the be under Chapter 133, 1937 Session Laws.	Address  AFFIDAVIT  (To be completed when the attendant does not sign in Item 2  I have known this person for successful years, and the whole attended this birth first (Is now deceased) or (Cannot be located) est of my knowledge, and that I desire to have this birth recognition.  Signat  P. O. Address  M. on the discontinuous M. on the disc
24 25 Sta Co in	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as.  (Mother, etc.)  Attendant's M.D. Midwife ate of Washington ss.  I, the undersigned, being first duly sworn, say that I im the Item 4; above, that I am now years of age, that  (First name) (Last name) ate that the facts on the certificate above are true to the be under Chapter 133, 1937 Session Laws.	Address  Date  AFFIDAVIT  (To be completed when the attendant does not sign in Item 2  The principle of the person whose name appears, etc.)  I have known this person for successful or (Cannot be located)  (Is now deceased) or (Cannot be located)  est of my knowledge, and that I desire to have this birth records of the person whose name appears of my knowledge, and that I desire to have this birth records of the person whose name appears of my knowledge, and that I desire to have this birth records of my knowledge, and that I desire to have this birth records of the person whose name appears of my knowledge, and that I desire to have this birth records of my knowledge, and that I desire to have this birth records of the person whose name appears of my knowledge, and that I desire to have this birth records of the person whose name appears of my knowledge, and that I desire to have this birth records of the person whose name appears of my knowledge, and that I desire to have this birth records of the person whose name appears of the person w

(1937 Session Laws, Chapter 139, Section 4)



	844-3071040-694		2 sav
되그	United States (Be sure the information is as	of date of birth of THIS child.	) State File N. 10807
협취		E OF BIRTH	Local Reg. No
O certificate charge for 3		F IDAHO	Reg. Dist. No.
110	1. PLACE OF BIRTH (All items at time of this birth)		MOTHER (At time of this birth)
ŦĎ	(a) County Showhere (b) City Mystle		(b) County Starkane
8 4	(c) Street Address or R.F.D. No.		(b) CountySMR.R.R.R.S
Ö g	(d) Name of Hospital or Maternity Home:	(c) City Myrtle	20499 124020pp 15 15425000000 D245 TRANS 44645 4466 4
E S	(a) Name of Hospital of Materinty Home.	(d) Street Address or	
J.	(e) Mothers stay BEFORE delivery;	(e) How long has MO	THER lived in Idaho? 6 yrs.
COMPLETED filing. No c	In THIS county 6 years months days	3. RESIDENCE OF FATHE	ER (city, state) Myrtle Ideka
-	4. FULL NAME Myradd 21/4 Quist	5. Date of . (Month.	Birth of Child 7-7-1891
Madi for coin.	7. Twin or If so—born	8. No. months	
¥ . 8	6 Sex /-e ma/e Triplet 1st, 2nd, 3rd	of Pregnancy	9 9. Legitimate? Ues
ağ b	FATHER OF CHILD		ER OF CHILD
to k	10. FULL M	16. FULL MAIDEN 77	dosia Bair Wright
Hffc se, ord	11. Color 12. Age at time	17. Color	18. Age at time
TA O	or Race White of THIS birth 47 yrs.	or Race White	of THIS birth
8 Ă S	$\sim$ 1	1	
this tics, mon	13. Birthplace (City or town) (State or foreign country)	19. Birthplace / Jaise	n) (State or foreign country)
. 10	14 Evect	20 Exact //	• /
leting Statis	Occupation Mark	Occupation 7243	e m. V e
Sta	15. Industry or	21. Industry or	1
걸리의	Business / Jacer mining	Business C	home
8 2 4 4	22. Name prophylactic used to prevent Ophthalmia Neonator	m Nene	
744	23. Number of children of this mother: (a) At time of birth	and including this child $3$ (	b) Born alive and now living3
400		CERTIFICATE	
o d d	24. I HEREBY CERTIFY That I attended the birth of this child	, who was the alux	atM. on the date
母 i i		(Born alive, stillborn)	
er ribi	and at the place stated above, and that personal particular	rs were lurnished by(First	name) (Last name)
###	who is related as		(1111)
Ston	(Mother, etc.)		
808	25. Attendant's M.D.	Address	Date
E o B	OWN signature Midwife		
A R R	State of Oragen ss.		IDAVIT
9 0 8	County of Jack Read	(To be completed when the at	tendant does not sign in Item 25.)
H C S	I, the undersigned, being first duly sworn, say that I am the	eΔΛα7Α.9.Χ	of the person whose name appears
BLACK-CLASS	in Item 4, above, that I am now	(Mother, etc.)	r 5.3 years and that
532	III Item 2, above, that I am nowyears of age, and		New decessed I further
MYN	(First name) (Last name)	, who attended this birthF.2	deceased) or (Cannot be located)
988 8	state that the facts on the certificate above are true to the be		
심다고	ed under Chapter 139, 1937 Session Laws.		. U
T PH			
교급통	My commission expires feb.17, 1948	23 almand ST-7	respond. Ord. O. Address
BLACK bearing b certif		v of June	for any 19 th
N S C			
त्रु दुव	(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Se	c. 17-914. Idano Code Annotai	(d.)
9 4 4			ALAN D.
B S H	Received for filing on SEP 2.2 1945	. by	Registrar
		1 1	• y •

(1937 Session Laws, Chapter 139, Section 4)

		113-109-028-495	s of date of birth of THIS child.) State File No.41.0845
급흮			s of date of birth of THIS child.) State File No. 1 1000
COMPLETED certificate filing. No charge for 1	•		TE OF BIRTH Local Reg. No
£ 6		PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
Ŧ Ĕ		(a) County Keetensi (b) City Hepe	
ខង្គ		(c) Street Address or R.F.D. No. No.	(c) City Hope
H o		(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.D. No. No.
HE	*****	Beac	
ď.		(e) Mothers stay BEFORE delivery:	(e) How long has MOTHER lived in Idaho? One yr
ΧÃ		In THIS county 1 years 3 months 2 days	3. RESIDENCE OF FATHER (city, state) Rope, Idaha
	4.	FULL NAME OF CHILD Villian H. Call	5. Date of Birth of Child (Month, day, year) 5. 1891
Madi of for		7. Twin or If so—born	8. No. months
≱ું 8	6	Sex Male Triplet . 1st, 2nd, 3rd	of Pregnancy Q 9. Legitimate?
iate. Idaha er or	,	FATHER OF CHILD	MOTHER OF CHILD
certificat Boise, Id ev order	10.	NAME George M. Call	16. FULL MAIDEN NAME ARRA M. Siemen
# % F	11.	Color 12. Age at time	17. Color 18. Age at time
t 2 b	•	or Race Thite of THIS birth 28 yrs.	or Race
2 1 2 E	13.	Birthplace Reading New York	19. Birthplace Germany
leting this Statistics, cents, mone		(City or town) (State or foreign country)	(City or town) (State or foreign country)
P. 11 %	14.	Exact Occupation Shingle Sawyer	20. Exact Occupation Housewife
当なは	15.		21. Industry or
50.0	20.	Business	Business
compl Vital lifty	22	Name prophylactic used to prevent Ophthalmia Neonators	rum
8 > ₩	23.		and including this child (b) Born alive and now living2
322			S CERTIFICATE
2 E #	24.	I HEREBY CERTIFY That I attended the birth of this child	d, who wasM. on the dat
swriter ribbon State Bureau mce payment			(Born alive, stillborn)
H A B		and at the place stated above, and that personal particular	lars were furnished by (First name) (Last name)
writer State		who is related as	(2 man danie) (Lost name)
powrift to Star		(Mother, etc.)	
202	Zn.	Attendant's M.D.  OWN signature Midwife	Address Date
Record types to postage to res an adv			
2 # 8	Sta	te of Washington ss.	AFFIDAVIT
	Cot		(To be completed when the attendant does not sign in Item 25.  Brether of the person whose name appear
BLACK ) F-CLASS of require			(Mother, etc.)
SEE	'in :		at I have known this person for
		Mrs. Barry Manning	, who attended this birth Deceased I further
ST	1 	(First name) (Last name)	(Is now deceased) or (Cannot be located)
IF FIE	ed	under Chapter 139, 1937 Session Laws.	est of my knowledge, and that I desire to have this birth record
554	÷.	The state of the s	Horry W. Call Signatur
ACK during certific			3723-41st Ave S.W. Seattle, Wash P O Address
BLACK Is bearing the certification		Subscribed and sworn to before me this 2218	y of September , 1945
H 4 4		(SEAD)	William, Notary Public, residing at Seatth wr
only lope Eac	. `	(Note: Perjary is punishable as a felony in Idaho; see Se	ec. 17-914. Idaho Code Annitated.
9 4			
25 6 2	Rec	ceived for filling on OCT 4 1945	by FbLqn, Registra

(1937 Session Laws, Chapter 139, Section 4)

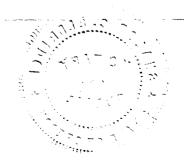
	9	93-227,0045	553		•		444947
육남	Uni	ited States	(Be sure the informa	tion is as of date	of birth of THIS chi	ld.) State File	NA11947
D certificate charge for f	Deg	partment of Commerce	CERT	IFICATE OI	FBIRTH	Local Reg.	No
ម្ភិស្ន		eau of the Census		STATE OF IDA	HO	Reg. Dist.	No
₽ €	1.	PLACE OF BIRTH (All items	s at time of this birth)	2.	USUAL RESIDENCE	OF MOTHER (At t	ime of this birth)
		(a) County	(b) City June K	danu	(a) State School	(b) Count	v Ben Kalı C
Öğ		(c) Street Address or R.F.D.	. No		(c) City June		***************************************
μo		(d) Name of Hospital or Ma	aternity Home:		(d) Street Address o	•	
HZ			-				
12.6		(e) Mothers stay BEFORE d	elivery:		(e) How long has M		
COMPLETED filing. No c	<del>-</del>	In THIS county & O	years months	days 3.	RESIDENCE OF FAT		and the later
	4.	OF CHILD Survey	Deathier T	مملمتملمة	5. Date of	of Birth of Child h, day, year)	27 - 1891
Mail of for		7. Tw	in or If so	born	8. No. months	,, , , , , , , , , , , , , , , ,	
	6			2nd, 3rd	of Pregnancy	9 9. Legitin	nate? Wo
ate. Idab	40	FATHER O	F CHILD		MO	HER OF CHILD	
ដ្ឋា	10.	FULL NAME alonga kin	a Richards	عمد ا <sup>16.</sup>	FULL MAIDEN	- helson	~ V
Ĭ.	11.		10 Age at time	17	Color 0' 1	18. Age a	t time
Bods	•	or Race white	of THIS birth.	4yrs.	or Race Little	of TH	IS birth yrs.
2 P 6	12	Birthplace Hunton	ie utali	l   10	Birthplace Sout	Rali Ct.	1200
型 25 g	13.	(City or town)	(State or foreign cour		(City or	town) (State	or foreign country)
eting this Statistics ents. mo	14.	Exact	1 1	• • •	Throat	·	or recording docture //
Static Static		Occupation Saum	<u>ull</u>		Occupation Sch	your	
<b>4</b> 5 5 9	15.		÷	21.	Industry or	1	
		Business			Business		
comple Vital	22.	Name prophylactic used to	prevent Ophthalmia	Neonatorum			
			mother: (a) At time	of birth and inc	luding this child.	)(b) Born alive ar	nd now living
in compliant of Vital	22. 23.	Name prophylactic used to Number of children of this	mother: (a) At time	of birth and inc	luding this child.	(b) Born alive an	
in compliant of Vital	22. 23.	Name prophylactic used to	mother: (a) At time	of birth and inc	luding this child.	)(b) Born alive ar	
in compliant of Vital	22. 23.	Name prophylactic used to Number of children of this	mother: (a) At time ATTE attended the birth of	of birth and inc ENDANT'S CERT this child, who	luding this child LC3 IFICATE was(Born alive, stillborn	(b) Born alive an atat	M. on the date
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in compliant of Vital	22. 23.	Name prophylactic used to Number of children of this  I HEREBY CERTIFY That I and at the place stated ab who is related as	mother: (a) At time ATTE attended the birth of ove, and that personal	of birth and inc ENDANT'S CERT this child, who particulars wer	luding this child.  IFICATE  was.  (Born alive, stillborn e furnished by	(b) Born alive ar at	M. on the date
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writer ribbon in compi State Bureau of Vital mee payment of fifty o	22. 23. 24. 25.	Name prophylactic used to Number of children of this  I HEREBY CERTIFY That I and at the place stated ab who is related as(Mo Attendant's OWN signature te of	mother: (a) At time ATTE attended the birth of ove, and that personal ther, etc.)  ss.	of birth and incendent's CERT this child, who particulars wer	luding this child.  IFICATE  was.  (Born alive, stillborn e furnished by	at	(Last name)  Date  t sign in Item 25.)
ecord typewriter ribbon in compiositoge to State Bureau of Vital 8 an advance payment of fiffy o	22. 23. 24. 25. Star	Name prophylactic used to Number of children of this  I HEREBY CERTIFY That I and at the place stated ab who is related as(Mo Attendant's OWN signature te of	mother: (a) At time  ATTE attended the birth of ove, and that personal ther, etc.)  ss.  sst duly sworn, say that	of birth and ince ENDANT'S CERT this child, who particulars wer  M.D. Addres Midwife  (To be t I am the	luding this child.  IFICATE  was  (Born alive, stillborn e furnished by(Fi	at	(Last name)  Date  t sign in Item 25.)
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ecord typewriter ribbon in compiositoge to State Bureau of Vital 8 an advance payment of fiffy o	22. 23. 24. 25. Star Cou	Name prophylactic used to Number of children of this  I HEREBY CERTIFY That I and at the place stated ab who is related as	mother: (a) At time  ATTE attended the birth of ove, and that personal ther, etc.)  ss. est duly sworn, say that years of (Last na ificate above are true	of birth and ince ENDANT'S CERT this child, who particulars wer  M.D. Addres Midwife  (To be t I am the Manager, that I have	luding this child.  IFICATE  was  (Born alive, stillborn e furnished by  (Final Street	at	(Last name)  Date  t sign in Item 25.) nose name appears years, and that
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ecord typewriter ribbon in compiositoge to State Bureau of Vital 8 an advance payment of fiffy o	22. 23. 24. 25. Star Cou	Name prophylactic used to Number of children of this  I HEREBY CERTIFY That I and at the place stated ab who is related as	mother: (a) At time  ATTE attended the birth of ove, and that personal ther, etc.)  ss. est duly sworn, say that years of (Last na ificate above are true	of birth and ince ENDANT'S CERT this child, who particulars wer  M.D. Addres Midwife  (To be t I am the Manager, that I have	luding this child.  IFICATE  was  (Born alive, stillborn e furnished by  (Fi  ss  completed when the  (Mother, etc.) re known this person attended this birth  (Is no ny knowledge, and th	at at attendant does no for 5 hours at deceased) or (Cannot at I desire to have the format of the person where the	(Last name)  Date  t sign in Item 25.) hose name appears years, and that Least urther be located) this birth record-
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ecord typewriter ribbon in compiositoge to State Bureau of Vital 8 an advance payment of fiffy o	22. 23. 24. 25. Star Cou	Name prophylactic used to Number of children of this  I HEREBY CERTIFY That I and at the place stated ab who is related as	mother: (a) At time  ATTE attended the birth of ove, and that personal ther, etc.)  ss.  rst duly sworn, say that years of (Last na ifficate above are true sion Laws.	of birth and incendent incendent's CERT this child, who particulars were midwife  M.D. Address Midwife  (To be t I am the Midwife who to the best of new to the best	luding this child.  IFICATE  was  (Born alive, stillborn e furnished by	at at attendant does no of the person where deceased or (Cannot at I desire to have	(Last name)  Date  t sign in Item 25.) tose name appears  years, and that  Last name  t sign in Item 25.) tose name appears  years, and that  Last name  All Control  Signature  All Control  All Contro
ecord typewriter ribbon in compiositoge to State Bureau of Vital 8 an advance payment of fiffy o	22. 23. 24. 25. Star Cou	Name prophylactic used to Number of children of this  I HEREBY CERTIFY That I and at the place stated ab who is related as (Mo Attendant's OWN signature  te of (Mo I, the undersigned, being first mane)  te that the facts on the cert under Chapter 139, 1937 Sessible and sworn to be (SEAL)	mother: (a) At time  ATTE  attended the birth of ove, and that personal ther, etc.)  ss.  sst duly sworn, say that  years of  (Last na ificate above are true sion Laws.	of birth and ince ENDANT'S CERT this child, who particulars wer  M.D. Addres Midwife  (To be t I am the Manage, that I have to the best of new to	luding this child.  IFICATE  was  (Born alive, stillborn e furnished by	at at at at a at a at a at a at a at a	(Last name)  Date  t sign in Item 25.) hose name appears years, and that Least urther be located) this birth record-
ecord typewriter ribbon in compiositoge to State Bureau of Vital 8 an advance payment of fiffy o	22. 23. 24. 25. Star Cou	Name prophylactic used to Number of children of this  I HEREBY CERTIFY That I and at the place stated ab who is related as	mother: (a) At time  ATTE attended the birth of ove, and that personal ther, etc.)  ss.  st duly sworn, say that years of (Last na ificate above are true sion Laws.	of birth and incendent Scent this child, who particulars were mind the mind	luding this child.  IFICATE was  (Born alive, stillborn e furnished by  (Fi  ss  completed when the  (Mother, etc.) re known this person attended this birth  (Is no ny knowledge, and the  A  A  A  A  A  A  A  A  A  A  A  A  A	at at at at a at a at a at a at a at a	(Last name)  Date  t sign in Item 25.) tose name appears  years, and that  Last name  t sign in Item 25.) tose name appears  years, and that  Last name  All Control  Signature  All Control  All Contro

Thurst.

1877 **9. 6** 4945

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)



795-101-032-289 112027 State File No.412027 (Be sure the information is as of date of birth of THIS child.) **United States** Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Reg. Dist. No..... Bureau of the Census STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Warks (b) County Fremus (a) County Fremont (b) City Hena (c) Street Address or R.F.D. No... (c) City... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... Mather Hame (e) How long has MOTHER lived in Idaho? LLO vr (e) Mothers stay **BEFORE** delivery: RESIDENCE OF FATHER (city, state) In THIS county 36 years 5 months 5 days 5. Date of Birth of Child May!
(Month, day, year) 4. FULL NAME If so-born 8. No. months Sex / 1st. 2nd. 3rd 9. Legitimate? Triplet of Pregnancy G FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEL FULL NAME Color Age at time 18. Age at time 17. Color or Race. of THIS birtha or Race. of THIS birth 2... yrs. 13. Birthplace Birthplace... (City or town) (State or foreign country) (City or town) (State or foreign country) Exact Exact Occupation .... Occupation.... Industry or Industry or **Business Business** Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child. ... (b) Born alive and now living... ATTENDANT'S CERTIFICATE I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_\_at \_\_\_\_\_M, on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) Address 25. Attendant's M.D. Date OWN signature Midwife State of..... **AFFIDAVIT** County of.... (To be completed when the attendant does not sign in Item 25.) of the person whose name appears (Mother, etc.) in Item 4, above, that I am now, years of age, that I have known this person for years, and that who attended this birth w Now Alchaeld I further (Last name) (Is now deceased) or (Cannot be located) (First name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. .P. 'O. Address Subscribed and sworn to before me this ... Notary Public, residing at (SEAL) (Note: Perfury is punishable as a felony in Kdaho; see Sec. 17-914, Idaho Code amotatich) 1945 Received for filing on. Registrar



(1937 Session Laws, Chapter 139, Section 4)

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filing. No charge for fil-				of date of birth of THIS chil		U
Ħ				E OF BIRTH		O
<b>4</b>			TE OI	F IDAHO		0
ĝ	ı.	PLACE OF BIRTH (All items at time of this birth)	477	2. USUAL RESIDENCE C	- · · · · - · · · · · · · · · · · ·	
Ĕ		(a) County Idaho (b) City Grangev			(D) County	Idaho
ซ		(c) Street Address or R.F.D. No. ***		(c) City Grange	<del> </del>	~~~~~
Š		(d) Name of Hospital or Maternity Home:	- 1	(d) Street Address of	r R.F.D. No***	
_			1	(e) How long has M		aho?7 yrs.
ģ		(e) Mothers stay BEFORE delivery: In THIS county 7 years months de	ays	3. RESIDENCE OF PATE		
ð	4.	FILL NAME				
; ;		of CHILD Jessie Irene Coram		(Mont)	of Birth of Child Ser h, day, year)Ser	ot.7,1891
coln.	6	Sex Female 7. Twin or Single If so-bo	m	8. No. months	9 0 7	te? Yes.
i i	<u>-</u>	FATHER OF CHILD	3ra	of Pregnancy	9 9. Legitima HER OF CHILD	ce: Top.
9	10.	PITT T	- 1	16. FULL MAIDEN		
ğ		NAME JOHN COTAIN		16. FULL MAIDEN Ca	therine Carr	***************************************
ö	11.			17. Color white	18. Age at	time 37
			yrs.	V4 10000	of THIS	birth 37 yrs.
ğ	13.		*****	19. Birthplace Be Im	ont, Canada.	(Ontario)
fifty cents, money order or	- ·	(City or town) (State or foreign country)		(City or t	own) (State or	foreign country)
S.	14.	Exact Occupation Farmer.	ĺ	20. Exact Occupation House	ewife.	
Ä	15.			21. Industry or	······································	************************
Ü		Business ***	- 1	Business ***	. *	in a contract of
ŧ	22.	. Name prophylactic used to prevent Ophthalmia Neor	atomir	m	· · · · · · · · · · · · · · · · · · ·	<del></del>
<b>4</b>	23.		irth ar	nd including this child 4	(h) Rorn alive and	now living 4
5 6						now management
postage to State Amera 188 on advance payment	24.	I HEREBY CERTIFY That I attended the birth of this	child.	who was	at	M. on the date
ă		I HEREBY CERTIFY That I attended the birth of this		(Born alive, stillborn)	)	
ğ		and at the place stated above, and that personal par	ticular	rs were furnished by	rst name)	(Last name)
1		who is related as		(FI	rst name)	(Last name)
		(Mother, etc.)				
3 🗟	25.			Address	I	Date
정			dwife			
B		ate of Idaho		· A	FFIDAVIT	
8	Co	unty of LOSTO		(To be completed when the		_
19		I, the undersigned, being first duly sworn, say that I as	m the.	Sister	of the person whos	se name appears
류	in	Item 4, above, that I am now 59 years of age	that	(Mother, etc.)	for 54	was and that
2	111				is now dead	years, and that
Ď		S. E. Bibby (First name) (Last name)		who attended this birth	w deceased) or (Cannot be	I rurtner
od copy requir	S\$8	its that the facts on the certificate above are true to t	he bes	st of my knowledge, and the	at I desire to have t	his birth record-
귳.	èd	under Chapter 139, 1937 Session Laws. 30, 189:	マ			
Ē		Iward J. Coram worn Dec. 109.	<i>.</i>	Marida V. C	lyana	Signature
34	is	now deceased.		204 S.Main, Gra	ngeville	P. O. Address
h certifie	•	Subscribed and sworn to before me this 30th	da/v	Novembe.	r 10	45
뒿		17/1000 E			lic, residing at Gra	
ξЩ.		(SEAL) (Note: Perjury is punishable as a relony in Idaho; s	DO RO	17-914 Idaho Codes Abnot	iic, residing at	THE CATTER
		8th 0 1975	CC Bec			· · · · · · · · · · · · · · · · · · ·
ing. Each	Re	ceived for filing on UEU 8 1875	1	by Maly Fil	411c	, Registrar
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(1937 Session Laws, Chapter 139, Section 4)

365-214016-816 State File N41 United States (Be sure the information is as of date of birth of THIS child.) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of the Census STATE OF IDAHO Reg. Dist. No ... 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Cassia Idaho (b) County Cassia (a) State.... (c) Street Address or R.F.D. No... Malta (c) City.... (d) Name of Hospital or Maternity Home: None (d) Street Address or R.F.D. No .... None (e) How long has MOTHER lived in Idaho? 10 vrs. (e) Mothers stay BEFORE delivery: In THIS county 10 years RESIDENCE OF FATHER (city, state) Malta. Ida. months days 5. Date of Birth of Child June 14, 1891 (Month, day, year) 4. FULL NAME Rena Adaline Condit OF CHILD. 7. Twin or If so-born No. months Sex female Triplet 1st, 2nd, 3rd 9 9. Legitimate? Yes of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Mary Carmelia Hawley 10. FULL Leonard Marion Condit 11. Color 12. Age at time 17. Color 18. Age at time white of THIS birth 37 White or Race... of THIS birth... or Race. 13. Birthplace Little Sioux, Iowa Texas 19. Birthplace..... (City or town) (State or foreign country) (City or town) (State or foreign country) Exact 20. Exact Housewife Farmer Occupation.... Occupation..... Industry or Industry or **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) M.D. 25. Attendant's Address Date **OWN** signature Midwife Arizona State of... **AFFIDAVIT** County of YINA L (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the ......Oldest...Brother..of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 75 years of age, that I have known this person for.... .....years, and that Boulwier , who attended this birth ...... Mrs John deceased ...I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Coolidge. Arizona .P. O. Address 194 Subscribed and sworn to before me this. \_\_\_\_, Notary Public, residing at Lo. 6.1.1.D. (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on. Registrar DEC 1 9 1945

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC I. O DE

133131

799-123-035-99 (Be sure the information is as of date of birth of THIS child.) **United States** State File No..... Department of Commerce CERTIFICATE OF BIRTH Local Reg. Non Bureau of the Census STATE OF IDAHO Reg. Dist. No. 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) No charge (a) County less reserve . (b) County New Ource (c) Street Address or R.F.D. No. (A. 7. 2) (c) City (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No... (e) How long has MOTHER lived in Idaho? (e) Mothers stay BEFORE delivery: In THIS county 3. RESIDENCE OF FATHER (city, state) vears months days 4. PULL NAME 5. Date of Birth of Child If so//born No. months Twin or 1st, 2nd, 3rd Sex Tráolet of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME... 18. Age at im Age at time 11. Color 17. Color of THIS Birth 4/ of THIS With J or Race. or Race L Birthplace. Birthplace... (State of foreign country) (City or town) (State or foreign country) (City or town) Exact 20. Exact. Occupation Nouse in Occupation. Industry or 21. Industry or Business Business nand Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child...2... (b) Born alive and now living ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child. who was born alive (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) who is related as..... (Mother, etc.) M.D. Address Date Attendant's Midwife **OWN** signature State of AFFIDAVIT County of .... (To be completed when the attendant does not sign in Item 25.) I, the undersigned being first duly sworn, say that I am the \_\_\_\_\_\_\_\_of the person whose name appears (Mother, etc.) in Item 4, above, that Jam now James of age, that I have known this person for ...... ....., who attended this birth. ..I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to be one me this. Asy of .. Notary Public, residing at.... (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 1946 Received for filing on... .hv.

(1937 Session Laws, Chapter 139, Section 4)

551-117-036-249 (Be sure the information is as of date of birth of THIS child.) State File No.4. United States CERTIFICATE OF BIRTH Local Reg. No. Department of Commerce Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF RIRTH (All Atems at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Mella (b) City Mella (a) State MAMO. (b) County MeliAa (c) Street Address or R.F.D. No. (c) City..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?....vrs. (e) Mothers stay **BEFORE** delivery: In THIS county RESIDENCE OF FATHER (city, state) years months days 5. Date of Birth of Child (Month, day, year) 4. FULL NAME OF CHILD... 7. Twin of If so-born 8. No. months Sex Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN FULL. NAME NAMEA Color 12. Age at time 17. Color -18. Age at time of THIS birth. or Race Birthpla Collaboration of the (City or (City or town) (State of foreign country) (State of foreign country) Exact 20. Exact Occupation Soul Occupation. Industry or 21. Industry or Business **Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child........ (b) Born alive and now living....... ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date Midwife OWN signature/ State of **AFFIDAVIT** (To be completed when the attendant does not sign in Item 25.) County of Class I, the undersigned, being first duly sworn, say that I am the word of the person whose name appears (Mother, etc.) in Item 4 above, that I am now years of age, that I have known this person for years, and that who attended this birth. (Is now deceased) or (Cannot be located) (First name) (Last name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. alexander Burnell Signature P., O. Address Subscribed and sworn to before me this, ..., Notary Public, residing at (SEAL) (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Ahnotated.) Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)



266-111-014-114 United States (Be sure the information is as of date of hirth of THIS child) State File No. Department of Commerce Bureau of the Census CERTIFICATE OF BIRTH Local Reg. No..... STATE OF IDAHO Reg. Dist. No.... 1. PLACE OF BIRTH: 2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) County Canyon (b) City Caldwell (a) State Idaho (b) County Canyon (c) Street Address or R.F.D. No. 816 Belmont St. (c) City Caldwell (d) Name of Hospital or Maternity Home: 816 Belmont St. (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaher approx (e) Mother's stay BEFORE delivery: (f) Mother's mailing address. Caldwell In Hosp, or Mat. Home.....days. 3. RESIDENCE of FATHER (city, state): Caldwall In THIS county vears month days. 4. FULL NAME 5. Date of Birth James Louden Boone OF CHILD.... (Month, day, year) Dec. 11.1891 If so-born 7. Twin or 8. No. months Male 6. Sex Triplet 1st, 2nd, 3rd of Pregnancy Nine 9. Legitimate? Yes MOTHER OF CHILD FATHER OF CHILD 10. FULL 16. FULL MAIDEN William Judson Boone Annie Elizabeth Jamison NAME NAME ..... 11. Color 12. Age at time 17. Color ttsburgh 28 18. Age at time White or Race... of THIS birth White or Race. (Now part of Pennsylvania 13. Birthplace Canonsburg Pennsylvania 19. Birthplace ... (City or town) (State or foreign country)
Presbyterian Minister & (City or town) (State or foreign country) 14. Exact 20. Exact House Wife Occupation Occupation .... Educator 15. Industry or President, Industry or Business Business The College of Idaho Name prophylactic used to prevent Ophthalmia Neonatorum. Number of children of this mother: (a) At time of birth and including this child Two. (b) Born alive and now living Two (c) Born alive and now dead Noned Stillborn None 24. I HEREBY CERTIFY That I attended the birth of this child, who was... ...M. on the date (born alive, stillborn) 8 and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) related to this child as... MAR 25 1946 25. Attendant's OWN signature..... (Date received) (Registrar's signature) M.D. (D.O., Midwife, etc.) 27. Given name added on..... and address Date (Registrar's signature) Tdaho State of AFFIDAVIT To be completed when the attendant at birth is County of Ada NOT LIVING or CANNOT BE LOCATED. I Margaret Boone , being first duly sworn, say that I am related to (Related to (or) acquainted with)
......, whose birth certificate James Louden Boone the sister (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Lee ...... who attended (Name of attendant at birth) is now deceased and that this birth has not been previously recorded. said birth (Is now deceased (or) cannot be located) ..Signature Down kla R.O. Address Subscribed and sworn to before me on this day of 

SEARCH OF TEACHO

### DELAYED REGISTRATION LAW

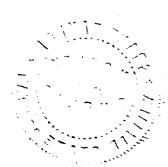
(1937 Session Laws, Chapter 139, Section 4)

guardian, or some person having direct knowledge in the premises. mother of the child is living or accessible, of the nearest of kin or affidavits of the father or mother of the child, or if neither father or panied by a certificate of the attending physician or midwife, or by Chapter 2, Title 38, Idaho Code Annotated, when such report is accomthe Bureau of Vital Statistics for the purposes and uses prescribed in report may be received and filed by the local registrar for record in report any birth which has occurred subsequent to such date, such 191, 1911 Session Laws, has not been recorded, or in case of failure to Where the birth of a child born prior to the effective date of Chapter

AND OF TONE

	294-117.006-366		417365
급복	United States / (Be sure the informati	on is as of date of birth of THIS child.)	State File No.
_		FICATE OF BIRTH	Local Reg. No
for		STATE OF IDAHO	Reg. Dist. No
certifi large	1. PLACE OF BIRTH (All items at time of this birth)	1 2. USUAL RESIDENCE OF	MOTHER (At time of this birth)
) certifi charge	(a) County	laite (a) State Sanho	, (b) County Sungham
	(c) Street Address of R.F.D. No.	(c) City Swam	Jaku ~
No	(d) Name of Hospital or Maternity Home:	(d) Street Address on D	
ŭ Z	UI oun home		Z- W MORL
4.5	(e) Mothers stay BEFORE delivery:		HER lived in Idaho?yrs.
COMPLETED filing. No c	In THIS county 3 years 6 months	days 3. RESIDENCE OF FATHE	
$\mathfrak{S}$	4. FULL NAME Service Cook Brung	5. Date of B	irth of Child Mary -17-1891
e S d	7. Twin or If so—	-born 8. No. months	day, year, y
¥ . 8		nd, 3rd of Pregnancy	7 9. Legitimate? 445.
"ų p	FATHER OF CHILD	МОТНЕ	ER OF CHILD
gg 8	10. FULL Mephi Brunker.	16. FULL MAIDENY OUT	Augusti ( Make.
# % B	11. Color \\ \frac{1}{2}\). Age at time	17. Color	18. Age at time g a 7m.
깊성은	or Race of THIS birth #C		of THIS birth yrs.
S A S	Wihle &	m	( Wever Co. Utah.
	13. Birthplace (City or town) (State or jeeding country)	ry) 19. Birthplace (City or town	
ig this Histics 8, mo	14 Errort (1) (2)	, 20. Exact	(Supplet Island Country)
Start	Occupation Vr. W. Section G'ore	Occupation	ousewife
<u> </u>	15. Industry or Business	21. Industry or Business	•
457			
8 2 3	22. Name prophylactic used to prevent Ophthalmia N	- · · · · · · · · · · · · · · · · · · ·	
# W W	23. Number of children of this mother: (a) At time of	<u> </u>	) Born alive and now living
222		IDANT'S CERTIFICATE	
20 50 E	24. I HEREBY CERTIFY That I attended the birth of the	11S Child, Who Was(Born alive, stillborn)	at
er ribbo e Burea paymen	and at the place stated above, and that personal		
वृ हे हैं		(First	name) (Last name)
3 4 4	who is related as(Mother, etc.)	" Otdelia Jug	les Deceased
	· · · · · · · · · · · · · · · · · · ·	M.D. Address	Date
£. §		Midwife Swan Lake	- da.
a g a	State of Utah,		IDAVIT
0 to 8	County of Box Edder ss.		endant does not sign in Item 25.)
<b>A</b> 7 5	I, the undersigned, being first duly sworn, say that		
NS E	4 #	(Mother, etc.)	- ·
478		age, that I have known this person for.	years, and that
羅단	Cialia Suigley	, who attended this birth	
ទីខ្លួ	(First name)  state that the facts on the certificate above are true to	-,	ceased) or (Cannot be located)
설문호	ed under Chapter 139, 1937 Session Laws.	11 TO 1	<b>←</b> ∧ . // //
7 25	A Comment of the Comm	Nannah/Brunke	y / (scholos Signature
당함당	~ Com - syp-3-2-1948 0	Willard	Lat. P. O. Address
Z S Z	Subscribed and sworn to before me this.	gay of april	1946
7 9 K	(SEAL)	Notary Public,	residing at 4 Ilan
祖の政	(Note: Perjury is punishable as a felony in Idaho	; see Sec. 17-914. Idaho Code Annetate	d)
8 % b	1 35 1 C 1040	Mal., I	V 6 V
<b>584</b>	Received for filing on APR 1 0 1940	by	

(1937 Session Laws, Chapter 139, Section 4)



ate in or fil-	Uni Dep	ted States (Be sure the information is a cartment of Commerce CERTIFICA STATE		F BIRTH	State File No. 418436 Local Reg. No. Reg. Dist. No.
TED certificate No charge for 1		PLACE OF BIRTH (All items at time of this hirth) (a) County CESSIA (b) City Albion	2.	USUAL RESIDENCE OF M	OTHER (At time of this birth)
harg		(a) County UESSIA (b) City AIDIOII (c) Street Address or R.F.D. No.		(a) State 103110	(b) County Cassia
COMPLETED filing. No c		(d) Name of Hospital or Maternity Home:			.D. No
		Home  (e) Mothers stay BEFORE delivery:			ER lived in Idaho?yrs.
COMPLI filing.		In THIS county years months days	3.	RESIDENCE OF FATHER	(city, state) Same
		FULL NAME OF CHILD William Arthur Davidson		5. Date of Birt (Month. da	th of Child Bec. 21,1891 y, year)
Madi o, for	6	Sex Male 7. Twin or If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy	9. Legitimate? Yes
ate. Idaho,	10.	FATHER OF CHILD	16.	MOTHER FULL MAIDEN	OF CHILD
fica e, Ica rdei		NAME Wm. Artnur Davidson	17	NAME Marye	tta Durfee  18. Age at time 20
Sofs o	, 11.	or Race of THIS birth 23 yrs.		or Race	of THIS birthyrs.
this c	13.	Birthplace Boise Idahe	19.	. Birthplace	Jackson Co Mo.
stic a	14.	(City or town) (State or foreign country)	20.	(City or town)	
eting this Statistics, ents, mo	15.	Occupation Newspaperman Industry or	21.	Occupation <u>POHETR</u> Industry or	eeper
n ple	· —	Business		Business	
E K	22.		rum		The state of the s
S & E	23.	**************************************	CED'	PIETCATE	
er ribbon e Bureau payment	24.	I HEREBY CERTIFY That I attended the birth of this chi			
Bur	! !	and at the place stated above, and that personal particu	lars we	re furnished by	
ate of the other	<b>i</b>	who is related as		(First nar	me) (Last name)
Sto	25.	(Mother, etc.) Attendant's M.D.	Addre	ess (Physician De	eceased) Date
type e to		OWN signature Midwin			
atag B	Stat	te of Idaho ss.	/m 1	AFFID	
B p g	Cou	Inty of cassia summer cassia am to the undersigned, being first duly sworn, say that I am t	heN.	ighbor of t	idant does not sign in Item 25.) The person whose name appears
ASS di	in I	tem 4, above, that I am now years of age, th			
BLACK -CLASS V requi	, 111 E	Physician Physician	, who	attended this birthi.SI	now_decea_sadI further
RST		(Last name) (Last name) that the facts on the certificate above are true to the		(is now decea	used) or (Cannot be located)
AE 3	ed	under Chapter 139, 1937 Session Laws.		Gra 7	Slack Signature
CHICK	***	Carlo Con D.	*********		P. O. Address
BLA bed		Subscribed and swom to before me this while d	ay <b>øt</b> .	April	, 19.46
nly De Eacl		CARL Whitele	$V_{\sim}$	Notary Public re	esiding at Oakley Ida.
Yeld		(Note: Penjury is punishable as a felony in Idaho; see	Sec. 17-	914, Idaho Code Amadated	2-
BBA	Rec	eived for filing on MAY 1 3 1946	by		, Registrar

(1937 Session Laws, Chapter 139, Section 4)



693-214026.893		84040
United States Department of Commerce Bureau of the Census	(Be sure the information is as of date of birth of TI CERTIFICATE OF BIRTH STATE OF IDAHO	HIS child) State File NA 19485.  Lecal Reg. No
i. PLACE OF BIRTH (All items at (a) County. A. (b) (c) Street Address or R.F.D. (d) Name of Hospital or Mate	(b) City (a) State(c) City (d) Street Add	(b) County
(e) Mother's stay BEFORE deli IN THIS county 2 9 year	rs months days 3. RESIDENCE OF	has MOTHER lived in Idaho? 5.0 yrs
4. FULL NAME 7. Twin of	M Williams	Date of Birth of Child (Month, day, year) 22 14 18 9 nonths
6. Sex fixed Triplet	1st, 2nd, 3rd of Pr	nonths 9 9. Legitimate? Yes
10. FULL William	- William 16. FULL MAIDEN	ulola W. Hill
or Race Market 13. Birthplace Share	Age at time of THIS birth yrs. 17. Color or Race or Race 19. Birthplace	18. Age at time of THIS birth 2 byrs
14. Exact Occupation	(State or foreign country) 20. Exact Occupation	(City or town) (State or foreign country)
15. Industry or Business	21. Industry or Business	
7 16	revent Ophthalmia Neonatorumnother: (a) At time of birth and including this child	
24. I HEREBY CERTIFY That	ATTENDANT'S CERTIFICATE  I attended the birth of this child, who was	at Lewwell Len the date
and at the place stated above related to this child as	e, and that personal particulars were furnished by(Mother, etc.)	(First name) (Last name)
25. Attendant's OWN signature	M.D. Midwife Address	Date
State of County of		mpleted when the attendant does not sig in Item 25.
		of the person whose name appear $(54)$
(First name)	years of age, that I have known this	person for years, and the
the facts on the certificate above Chapter 139, 1937 Session Laws.	e are true to the best of my knowledge, and that l	I desire to have this birth recorded under
Subscribed and sworn to bef	ore me this 2) Mday of Motary Publishery Publishery	P. O. Addres
(Note: Perjury is punishable	e as a felony in Idaho; see Sec. 17-914, Idaho Code A	motated.)
2	MAY 2 4 1346 by May	

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(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Lews, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report, may be received and filed by the local registrate for the in the subsequent of the local registrate for

more is a panied by a certification of the fair neither father or mether of the certification nearest of kin or guarding or some in the premises.

744 117621-867 United States State File No. 4195 Local Reg. No. 4195 (Be sure the information is as of date of birth of THIS child.) Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) charge (a) County Franklin (b) City Franklin (a) State Idaho (b) County Franklin (c) Street Address or R.F.D. No. No. No. (c) City Franklin (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. None None (e) How long has MOTHER lived in Idaho?....50 yrs. (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Franklin, Ida In THIS county 4 years months davs 5. Date of Birth of Child 4. FULL NAME Henry Smith Gummersall (Month, day, year) September 17'9 OF CHILD 7. Twin or If so-born 8. No. months 9. Legitimate? Yes 1891 of Pregnancy 9 6 Sex Male No Triplet 1st. 2nd. 3rd --FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Pheoba, Hoghson 10. FULL Smith Gummersall NAME 11. Color 12. Age at time 18. Age at time unknown 17. Color White of THIS birth Unknown or Race White or Race..... 19. Birthplace Yorkshire 13. Birthplace Unknown England England (State or foreign country) (City or town) (City or town) (State or foreign country) 14. Exact 20. Exact. Occupation Housewife Occupation Farmer Industry or 21. Industry or Farm Farm Business Business Number of children of this mother: (a) At time of birth and including this child. 6... (b) Born alive and now living 6 ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of Idaho **AFFIDAVIT** County of Caribou (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the SISTEY of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 61 years of age, that I have known this person for 54 years, and that Unknown who attended this birth is now deceased (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. lette Cheirrell Signature Bencroft. Idaho P. O. Address Clerk of Bulks project residing at Soles praise of Subscribed and sworn to before me this..... (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotatefi.) 

(1937 Session Laws, Chapter 139, Section 4)

2	66 - 204001 - 318	of data of high of THIS child ) State File No 19629
		of date of birth of THIS child.) State File No. 1 3 U.
D	epartment of Commerce CERTIFICAT	E OF BIRTH Local Reg. No
	ureau of the Census STATE O	PF IDAHO Reg. Dist. No
1	or (see recting or mile of mile but mil	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
'	(a) County Ada (b) City Boise	(a) State Idaho (b) County Ada
	(c) Street Address or R.F.D. No. 923 W. Idaho	(c) CityBoise
	(d) Name of Hospital or Maternity Home: Residence -	(d) Street Address or R.F.D. No. 923 W. Idaho.
	(e) Mothers stay BEFORE delivery:	(e) How long has MOTHER lived in Idaho? 1 yr yrs.
-	In THIS county 1 years 3 months days	3. RESIDENCE OF FATHER (city, state) Boise, Idaho
4.	FULL NAME OF CHILD Helen Mary Bowers	5. Date of Birth of Child Aug. 4th, 1891
	7. Twin or If so—born	8. No. months
6	Sex Female Triplet 1st, 2nd, 3rd	of Pregnancy 9. Legitimate? Yes
\$ ,,	FATHER OF CHILD	MOTHER OF CHILD
, T,	NAME Lewis Campbell Bowers	16. FULL MAIDEN Margaret Taylor
1:	Color 12 Age at time	17. Color 18. Age at time
•	or naceyrs.	17. Color or Race White 18. Age at time of THIS birth 38 yrs.
1.	Birthplace Millersburg, Ohio	19. Birthplace Lancaster, Ky.,
_	(City or town) (State or foreign country)	(City or town) (State or foreign country)
14	l. Exact Occupation Physician and Surgeon	20. Exact Housewife
1:		21. Industry or
<b>,</b>	Business	Business
2	Name prophylactic used to prevent Ophthalmia Neonatoru	im.
2		and including this child
5 —		CERTIFICATE
24		, who was
ĺ		(Rom slive stillhorn)
25 Si Co	and at the place stated above, and that personal particula	rs were furnished by(First name) (Last name)
•	who is related as	(First maine) (Last name)
ί	(Mother, etc.)	•
25	i. Attendant's M.D.  OWN signature Midwife	Address Date
_		
SI	ate of	AFFIDAVIT
C	or of the second	(To be completed when the attendant does not sign in Item 25.)
	I, the undersigned, being first duly sworn, say that I am the	(Mother, etc.) of the person whose name appears
in	Item 4, above, that I am nowvears of age, that	I have known this person foryears, and that
		who attended this birth
	(First name) (Last name)	(Is now deceased) or (Cannot be located)
st	ate that the facts on the certificate above are true to the be	est of my knowledge, and that I desire to have this birth record-
e	under Chapter 139, 1937 Session Laws.	
		Signature
		P. O. Address
	Subscribed and sworn to before me thisday	of, 19
	(SEAL) ~	, Notary Public, residing at
in st ec	(Note: Perjury is punishable as a felony in Idaho; see Se	c. 17-914, Idaho Code Annotated)
R	eceived for filing on	by Registrar
1 ~~	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. r. J

78. B 1948

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

I. JOHN W. EAGLESON. Being first duly sworn deposes and says: That he was well and personally acquainted with Lewis

Campbell Bowers and Margaret Taylor Bowers, the Father and Mother of Helen Mary Bowers from the year 1894 until Lewis Campbell Bowers died in December, 1928 and Margaret Taylor Bowers died in January 1932 and that he has also known Helen Mary Bowers ever since 1894 and knows that she was the child of Lewis Campbell Bowers and Margaret Taylor Bowers, and always lived with them in the home of Lewis Campbell Bowers and Margaret Taylor Bowers.

That I am seventy-six (76) years of age. day of July, 1946. SUBSCRIBED AND SWORN to be-fore me this

2 1946

Notary Public for Idaho

Residence: Boise, Idaho

Loyers und Margeres Ir Lor Borers, and slived with then in the home of Levis Campbell Bowers says Museumet Paylor Bowers. That I am coverty-six (16) years of age.

this 1 day of 2015, 1846. cesidence: Boise. 1

421981 244-213-022-613 United States (Be sure the information is as of date of birth of THIS child.) State File No ... Department of Commerce Local Reg. No ... Bureau of the Census STATE OF IDAHO Reg. Dist. No ... 1. PLACE OF BIRTH (All items at time of this hirth)
(a) County Fremont
(b) City W111 ord USUAL RESIDENCE OF MOTHER (At time of this birth) (b) County Fremont Idaho (a) State... (c) Street Address or R.F.D. No. Wilford, near St. Anthony (d) Name of Hospital or Maternity Home: farm (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mothers stay **BEFORE** delivery: same In THIS county years months days RESIDENCE OF FATHER (city, state) 4. FULL NAME 5. Date of Birth of Child (Month, day, year) Sept. 13,1891 Alice Jeanett Smith. OF CHILD Twin or If so-born 8. No. months 6 Sex Triplet 1st. 2nd. 3rd of Pregnancy 9 9. Legitimate? yes FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN Jesse Luceus Smith Sarah Helen Walker NAME NAME 12. Age at time 32 yrs. 11. Color 17. Color 18. Age at time White White of THIS birth 32 vrs or Race or Race. Farmington Utah Florence Nebr. Birthplace Birthplace..... (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact Exact Farmer housewife Occupation... Occupation. Industry or Industry or **Business** Business Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living. 8 ATTENDANT'S CERTIFICATE payment 24. I HEREBY CERTIFY That I attended the birth of this child, who was..... .M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by... (First name) (Last name) who is related as... (Mother, etc.) Attendant's M.D. Address Date **OWN** signature Midwife State of Utah APPIDAVIT County of Salt (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the Sister .....of the person whose name appears (Mother, etc.) in Item 4, above, that I am now ..... 4.....years of age, that I have known this person for... years, and that (1 manda ......, who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. .Signature P. O. Address 19.4 Subscribed and sworn to before me this Notary Public, residing at Salt Lake Citc (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Arnotated.) 30 AUG 1946 Received for filing on

(1937 Session Laws, Chapter 139, Section 4)

944 206044-856 United States (Be sure the information is as of date of birth of THIS child.) State File No. Local Reg. No.... Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County (b) City CounCIL (a) State LDAHO (b) County (c) Street Address or R.F.D. No. (c) City COUNCIL (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) COUNCIL. In THIS county 3 . years months days 4. FULL NAME 5. Date of Birth of Child ZUMWALT OF CHILD..... Twin or If so-born 8. No. months Triplet SINGLE for filing. 6. Sex 1st, 2nd, 3rd of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN EFFIE HEWETT EPFER SON NAME..... Color 12. Age at time 18. Age at time 17. Color of THIS birth 34 vrs. or Race or Race..... of THIS birth.....vrs. MISSOURI 13. Birthplace..... LUCENE (State or foreign country) 19. Birthplace SEDALIA (City or town) (State or foreign country) (City or town) 14. Exact 20. Exact FARMER HOUSEWIFE Occupation.... Occupation.... 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICATE (Born alive stillborn) who is related as...... (Mother, etc.) M.D. 25. Attendant's Address Date **OWN** signature Midwife State of OREGAN **AFFIDAVIT** County of AMHILL (To be completed when the attendant does not sign in Item 25.) .....of the person whose name appears in Item 4, (Mother, etc.) above, that I am now years of age, that I have known this person for years, and that (Last name) , who attended this birth Cannot be loca (Last name) (Is now deceased) or (Cannot be located)

(Are the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. NEWBERG CREP.O. Address Subscribed and sworn to before me this.... Notatory Public, pesiding in Plane College (Note: Perjury is punishable as a felony in Adaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires March 28, 194 Received for filing on 1948 Registrar.

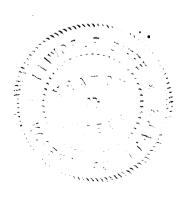
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## DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)





432-228,029419 United States (Be sure the information is as of date of birth of THIS child.) State File No 19 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of the Census STATE OF IDAHO Reg. Dist. No.. 1. PLACE OF BIRTH (All items at time of this birth) charge USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County (b) City Cou ho (b) County Catah (c) Street Address or R.F.D. No. Con nauch with (c) City Yrancow (d) Name of Hospital or Maternity Home: Š (d) Street Address or R.F.D. No. Rosch (e) How long has MOTHER lived in Rano?..... (e) Mothers stay BEFORE delivery: RESIDENCE OF FATHER (city, state) In THIS county years months davs 4. FULL NAME 5. Date of Birth of Child OF CHILD. (Month, day, year). Twin or If so-born 8. No. months Sex Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate? OF CHILD MOTHER OF CHILD 16. FULL MAIDEN-NAME 18. Age at time Color Age at time 17. Color of THIS birth. or Race or Race \ of THIS birth. 7 Birthplace. Birthplace (State or foreign country) (City or town) (State or foreign country) (City or town) 14. Exact Exact Occupation... Occupation. 15. Industry or Industry or Business Business Name prophylactic used to prevent Ophthalmia Neonatorum Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of Cap. **AFFIDAVIT** County of the land (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_\_\_of the person whose name appears (Mother, etc.) in Item 4, above, that I am now years of age, that I have known this person for.... ....years, and that on Wat who attended this birth (First name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this 28 (SEAL) Notary Public, residing at (Note: Perjusy is punishable as a felony in Idaho, see Sec. 17-914 Idaho Code Annotated.) NOV Received for filing on.

(1937 Session Laws, Chapter 139, Section 4)



		54-121.030-154					4000
47	_		Be sure the informa	tion is as o	of date of birth of THIS child	l.) State File	No. 426036
흡		partment of Commerce			E OF BIRTH		No
t b		reau of the Census	ORIV I	STATE O		_	No
Ĭ.	ī.	PLACE OF BIRTH (All items a	t time of this birth)		2. USUAL RESIDENCE OF		
Charge for fi		(a) County Lember	(b) City Lalm	on	(a) State Jaho		
2 4		(c) Street Address or R.F.D. N			· <b>V</b> /	(b) Count	y
H o		(d) Name of Hospital or Mate	•		(c) City Autom		7.1
HH			***************************************		(d) Street Address or		
, i		(e) Mothers stay BEFORE deli	very:		(e) How long has MC		7/1 / 2
COMPLETED filing. No c			ars months	days	3. RESIDENCE OF FATH	ER (city state),	in Idahi
_	4.	FULL NAME GEORAL of	aird an	dres		Birth of Child	21 1891
S to E		7.0 Twin		—born	8. No. months	day, year)	est in familiar de la company
Z ; 8	6	Sex Male Triple		2nd, 3rd	of Pregnancy	9. Legitin	nate? Me
. ğ 5	_	FATHER OF	CHILIP			IER OF, CHILD	1
ĔŽz	10.	. FULL William	1 A. And	rend	16. FULL MAIDEN	atto //	udsone
i e i	11.		. Age at time	, ,~	NAME 17. Color	18. Age a	it time
certifi Boise ev or		or Race White	of THIS birth	<b>O</b> .yrs.	or Race While		IS birth 70 yrs.
	13.	Birthplace Newast	- n. u.		19. Birthplace	· 01	1-1-
Meting this Statistics, cents, mon		(City or town)	(State of foreign cour	ntry)	(City or to	wn) (State	or foreign country)
2 ii 4	14.	Exact	1-		20. Exact /_/		. 1.
i t i	45	Occupation Tarmus	go Freey	innig	Occupation 17	ousew	
S & S	15.	. Industry or Business	U U		21. Industry or Business		
455	- ==== - 00						
85 E	22. 23.		revent Ophthaimia	Neonatoru	m	7. D	· · · · · · · · · · · · · · · · · · ·
<b># 7 7</b>		. Inditiber of children of this in-			CERTIFICATE	to born anve ar	id now living
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	24.	. I HEREBY CERTIFY That I at			·	of	M on the data
Writer ribb State Bure ace payme		•			(Born alive, stillborn)	······································	
- 6	1	and at the place stated above	e, and that personal	particula			
e it c	1	who is related as			(First	t name)	(Last name)
Sto		(Mother	, etc.)				
208	25.				Address		Date
E e g		OWN signature		Midwife			
e g e	Sta	te of Colyrma	} ss.		AF	FIDAVIT	•
0 0 0	Co	unty of $\underline{\hspace{1cm}}^{\varrho}$		(	(To be completed when the a	ttendant does no	t sign in Item 25.)
- 22 H		I, the undersigned, being first	duly sworn, say that	I am the	HAL+ - BROTHER	of the person wl	nose name appears
3 E È	in	Item 4, above, that I am now	75 years of	age that	(Mother, etc.) I have known this person to	· 555	years, and that
걸성분		1 Dr Menie all	~ \ / ·		who attended this birth		, · ·
nk of BLACK FIRST-CLASS od copy requi	******	(First name)	(Last) da	me)	(Is now	deceased) or (Connet-	A leaster!)
	sta	ite that the facts on the certific	ate abové are true	to the bes	st of my knowledge, and that	I desire to have	this birth record-
148	ed	under Chapter 139, 1937 Sessio	n Laws.		Wa Harn		
4 B B				•			Signature
₹ <u>6</u> 8	•			•	Los angelo	Carefy.	P. O. Address
d A a		Subscribed and sworm to before	e me this	day	of Golden	······,	1946
i g g		(SEAL) 2	Telliam a.	Hulle	, Notary Public	c, residing at.	on aggarden Coly
envelope bearing ing. Each certification		(Note: Perjury is punishable	as a felony in Idah	o; see Sec	2. 17-914 Idako Códe Annotat	ted.)	she
	Re	ceived for filing on	10V 1 1946		by John U	, with	
						7	,,
			•		(1)		

(1937 Session Laws, Chapter 139, Section 4)

5 (	-5-208 017-647		•	
~		the information is as of da	te of birth of THIS child	L) State File No.
Dep	artment of Commerce	CERTIFICATE C		Local Reg. No.
	eau of the Census	STATE OF IDA		Reg. Dist. No.
1.	PLACE OF BIRTH (All items at time	of this birth)   2.		MOTHER (At time of this birt)
	(a) County Clark (b) C	ty Kilgore		(b) County Clark
	(c) Street Address or R.F.D. No.		(c) City Bilgar	
	(d) Name of Hospital or Maternity H	ome:	//	
-	Her parents hom		(d) Street Address or	
	(e) Mothers stay BEFORE delivery:			OTHER lived in Idaho?
	In THIS county 29 years 3	months $2/$ days 3.	RESIDENCE OF FATH	ER (city, state) Kilgere, 9a
	FULL NAME margaret	Lonetta Ben	5. Date of (Month	Birth of Child day, 8.18-9
e (	Sex Lemal 7.0 Twin or Triplet	If so—born	8. No. months	
<u></u>	FATHER OF CHILD	1st, 2nd, 3rd	of Pregnancy	9 9. Legitimate? yes
10.	ETTT O	.// 16	MOTI 3. FULL MANDEN	HER OF CHILD
_,,	NAME XILOUGE BEN	nett	NAME ALOZO	2 Um Wigaill
11.	Color 1 12. Age	at time / Q 17	Color a	/ 18. Age at time
		HIS birth A. yrs.	or Race ingli	of THIS birth 2.7
13.		each lo. 9'll 19	. Birthplace Staff	Lake lity Utah
	(City or town) (State	e or foreign country)	(City or to	
14.	Exact Occupation Farmer	20	Exact	• /
15.	Industry or		. Industry or	ewife
	Business	21	Business	•
22.	Name prophylactic used to prevent	Onhthalmia Nagnatamm	A Approximate the second secon	
23.	Number of children of this mother:	(a) At time of high and in	aluding this shirt I	(h) Donn olive and a second
		ATTENDANT'S CER		to, born anve and now hving
24.	I HEREBY CERTIFY That I attended			
		•	(Born alive, stillborn)	
	and at the place stated above, and t	hat personal particulars we		
	who is related as		(Fin	t name) (Last name)
	(Mother, etc.)	***************************************		· ·
<b>2</b> 5.	Attendant's	albot Midwife Addre	ess >0 a /- 10	ielel Poratello Ida
	OWN signature mary 1.	alvov Midwife	13311. Dark	relel Poratello II
Stat	e of			FIDAVIT
Cou	nty of			ttendant does not sign in Item 2
	I, the undersigned, being first duly sw	orn, say that I am the	}*************************************	of the person whose name anne
			(Mother, etc.)	
m II	tem 4, above, that I am now			
	(First name)	(Last name) who	attended this birth	I furti
state	e that the facts on the certificate abo	(Last name)	(Is now	deceased) or (Cannot be located)
ed t	inder Chapter 139, 1937 Session Laws.	, are mue to the pest of	my knowiedke, and fusi	. I desire to have this pirth recoi
	<del>-</del>	****		Signat
				P. O. Addr
	Subscribed and sworn to before me th			* * ***
		usaay <b>oi</b> .		
	(SEAL)			c, residing at
	(Note: Periusy is numishable as a fo	long in Idoho: ass Sa. == :	014 73-1/2 064- 1	
	(Note: Perjury is punishable as a fe	lony in Idaho; see Sec. 17-	914, Idalio Code Annota	ted



(1937 Session Laws, Chapter 139, Section 4)

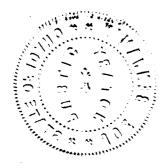
Department of Commerce		tion is as of date of birth of THIS of INCATE OF BIRTH	child.) State File No. 42757 Local Reg. No.
Bureau of the Census		STATE OF IDAHO	Reg. Dist. No
1. PLACE OF BIRTH (All item (a) County (C) Street Address or R.F. (d) Name of Hospital or Ma	D. No. WEST CENTE	(a) State <b>Tonn</b> (c) City <b>7</b> 06	F MOTHER (At time of this birth)  (b) County 970006
(4)		(d) Street Address or	R.F.D. No. WEST CENTAL
(e) Mothers stay <b>BEFORE</b> (		(e) How long has MO days 3. RESIDENCE OF FATH	OTHER lived in Idaho?
	HANNA STANGE	5. D (A	ate of Birth of Child Jaw. 7 . 18
6. Sex FEMALE		so—born 8. No. month	s <i>o</i>
	HER OF CHILD		MOTHER OF CHILD
10. FULL JAMES	STANGER	16. FULL MAIDENS	A RITCHIE STANGE
11. Color or Race WHITE		yrs. 17. Color or Race WHIT.	18. Age at time of THIS birth
14 Franci (City	or town) (State or foreign co	untry)	(City or town) (State or foreign country
15. Industry or	NSFER	Occupation	OUSE WIFE.
22. Name prophylactic used	s mother: (a) At time of birth an	umd including this child	o) Born alive and now living
<ul><li>Name prophylactic used</li><li>Number of children of thi</li><li>I HEREBY CERTIFY That</li></ul>	to prevent Ophthalmia Neonators s mother: (a) At time of birth an AT I attended the birth of this child	nd including this child	b) Born alive and now living
<ul><li>22. Name prophylactic used</li><li>23. Number of children of thi</li><li>24. I HEREBY CERTIFY That and at the place stated of</li></ul>	to prevent Ophthalmia Neonators s mother: (a) At time of birth an  AT I attended the birth of this child bove, and that personal particul	um	b) Born alive and now living
<ul><li>Name prophylactic used</li><li>Number of children of thi</li><li>I HEREBY CERTIFY That and at the place stated a who is related as</li></ul>	to prevent Ophthalmia Neonators s mother: (a) At time of birth an  AT I attended the birth of this child bove, and that personal particul	um	D) Born alive and now living
<ul><li>Name prophylactic used</li><li>Number of children of thi</li><li>I HEREBY CERTIFY That</li></ul>	to prevent Ophthalmia Neonators s mother: (a) At time of birth an  AT I attended the birth of this child bove, and that personal particul	nd including this child	b) Born alive and now living
<ul> <li>22. Name prophylactic used</li> <li>23. Number of children of thi</li> <li>24. I HEREBY CERTIFY That and at the place stated a who is related as</li> <li>25. Attendant's OWN signature</li> <li>State of</li> </ul>	to prevent Ophthalmia Neonators s mother: (a) At time of birth an AT I attended the birth of this child bove, and that personal particul (Mother, etc.)	um	Dαte
22. Name prophylactic used 23. Number of children of thi  24. I HEREBY CERTIFY That and at the place stated a who is related as	to prevent Ophthalmia Neonators is mother: (a) At time of birth an AT I attended the birth of this child bove, and that personal particular (Mother, etc.)	md including this child (Internal Internal Inter	Date  TIDAVIT  Ittendant does not sign in Item 25.)
22. Name prophylactic used 23. Number of children of thi  24. I HEREBY CERTIFY That and at the place stated a who is related as	to prevent Ophthalmia Neonators is mother: (a) At time of birth an AT I attended the birth of this child above, and that personal particular (Mother, etc.)  ss.  first duly sworn, say that I am 23 years of	md including this child (Internal Internal Inter	Date  TIDAVIT  Itendant does not sign in Item 25.)  of the person whose name appears in Item 25.
22. Name prophylactic used 23. Number of children of thi 24. I HEREBY CERTIFY That and at the place stated a who is related as	to prevent Ophthalmia Neonators is mother: (a) At time of birth an AT I attended the birth of this child above, and that personal particular (Mother, etc.)    Ss.   first duly sworn, say that I am 7 3   years of	md including this child (Internal Internal Inter	Date  TDAVIT  ttendant does not sign in Item 25.)  of the person whose name appears in Item 25.  now deceased or (Canot be located)
22. Name prophylactic used 23. Number of children of thi 24. I HEREBY CERTIFY That and at the place stated a who is related as	to prevent Ophthalmia Neonators is mother: (a) At time of birth an AT I attended the birth of this child above, and that personal particular (Mother, etc.)    Ss.   first duly sworn, say that I am 7 3   years of	md including this child (Internal Internal Inter	Date  TIDAVIT ttendant does not sign in Item 25.) of the person whose name appears in Item ears, and
22. Name prophylactic used 23. Number of children of thi 24. I HEREBY CERTIFY That and at the place stated a who is related as	to prevent Ophthalmia Neonators is mother: (a) At time of birth an AT I attended the birth of this child above, and that personal particular (Mother, etc.)    Ss.   first duly sworn, say that I am 7 3   years of	med including this child	Date  TIDAVIT  Itendant does not sign in Item 25.)  of the person whose name appears in Item 25.  of the person whose name appears in Item 25.  of the person whose name appears in Item 25.  of the person whose name appears in Item 25.  of the person whose name appears in Item 25.

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#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



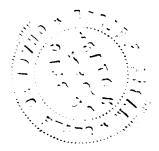
59-214-044-366 United States (Be sure the information is as of date of birth of THIS child.) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Reg. Dist. No. Bureau of the Census STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) charge (b) County Washingto (a) State Idaho (a) County Mashington (b) City Midvale (c) Street Address or R.F.D. No. (c) City... (d) Name of Hospital or Maternity Home: Own home (d) Street Address or R.F.D. No ..... (e) How long has MOTHER lived in Ideho? (e) Mothers stay BEFORE delivery: In THIS county years T months **3** days 3. RESIDENCE OF FATHER (city, state) 4. FULL NAME Lacretia Albreti Keithley 5. Date of Birth of Child (Month, day, year) Kay 14 1891 OF CHILD. 7. Twin or If so-born 8. No. months Penale Sex Triplet 1st, 2nd, 3rd FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN FULL Levi Keithley Effic Jame Towell NAME NAME Color 12. Age at time 17. Color 18. Age at time of THIS birth 22 White of THIS birth 50 yrs. or Race... or Race..... Mereer County St Charles County Missouri 19. Birthplace.... Birthplace... (City or town) (State or foreign country) (City or town) (State or foreign country) 20. Exact Exact Parmer Longewife Occupation .... Occupation..... Industry or 21. Industry or Parning Business Business Name prophylactic used to prevent Ophthalmia Neonatorum.

Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of Idaho **AFFIDAVIT** County of Washington (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_\_\_ .....of the person whose name appears (Mother, etc.) in Item 4, above, that I am now years of age, that I have known this person for years, and that Griff Keithly , who attended this birth is now deceased. I further (First name) (Last name) (Last name) (Last name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Sand Sowell Kelleysignature P. O. Address Subscribed and sworn to before me this (SEAL) ...., Notary Public, residing at.....L (Note: Perjury is punishable as a felony in Idaho; see Sec. 17,814, Idaho Code Annotated.) 

(1937 Session Laws, Chapter 139, Section 4)

391 210001 -625 430462 State File No. 430482 Local Reg. No. 430482 United States (Be sure the information is as of date of birth of THIS child.) Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No .... 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County O A A (b) City Goine (a) State State (b) County Ode (c) Street Address or R.F.D. No..... (c) City Garage ŝ (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mothers stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) In THIS county / 1 years months · davs 5. Date of Birth of Child
(Month, day, year) 4. FULL NAME OF CHILD. Twin or If so-born 8. No. months Sex Triplet 1st, 2nd, 3rd 9. Legitimate? of Pregnancy FATHER OF CHILD MOTHER OF CHILD FULL MAIDIN NAME. 12. Age at time Color 17. Color 18. Age at time of THIS birth J / vrs. or Race -4 or Race AA of THIS birth. Birthplace. Ua Birthplace Ma (City or town) (State or foreign country) (City or town) (State or foreign country) Exact Exact Occupation Lound Occupation Aostal 15. Industry or Industry or Business Business Name prophylactic used to prevent Ophthalmia Neonatorum ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date Midwife OWN signature State of AFFIDAVIT County of..... (To be completed when the attendant does not sign in Item 25.) (Mother, etc.) in Item 4, above, that I am now years of age, that I have known this person for 56, years, and that who attended this birth deceased (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. .Signature O. Address Subscribed and sworn to before me this... ... Notary Public, residing at 1200.... (SEAL) (Note: Perjury is purishable as a felony in Idaho, see Sec. 17-914. Idaho Code Annotated.) FEB Received for filing on... .......... Registrar

(1937 Session Laws, Chapter 139, Section 4)



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Unite	ed States			s of date of birth of THIS child	L) State File No.	A721
Depar	rtment of Commerce		CERTIFICA	TE OF BIRTH	Local Reg. No	***********************
	u of the Census		STATE	OF IDAHO	Reg. Dist. No	
1. P	LACE OF BIRTH (All	items at time of	f this birth) .	2. USUAL RESIDENCE OF		
(ε	a) County Bingha	2	yLeorin	(a) State Idah		
(0	c) Street Address or :	R.F.D. No	******	(c) City 4 2 0 7 1	77)	7
(d	d) Name of Hospital	or Maternity Ho	me:	(d) Street Address or	•	*******
	OWN H	ome				7./20
(€	e) Mothers stay BEFC	ORE delivery:		(e) How long has MC		? <b>y</b> :
	In THIS county /	o years	months days	3. RESIDENCE OF FATH		<u> </u>
	ULL NAME Mar	Tha Jan		5. Date of (Month,	Birth of Child Jane	10 ry 15-
		Twin or	If so—born	8. No. months		11 / Xº
6 Se	x remale	Triplet	1st, 2nd, 3rd		9. Legitimate?	yes
10. I	FILL (A) 11	ER OF CHILD	+ 11/11	16. FULL MAIDEN	IER OF CHILD	•
	NAME ////	m-A166	7 L- 11 h	NAME YO	sella Do	LYIS
	Color lack : +	12. Ageua	it time	17. Color	18. Age at tim	
, 0	or Race Kind	C of TH	is birth. 3 / yrs.	or Race W. A. 1.	of THIS bi	, , ,
13. I	Birthplace Sounds	erful Utal		19. Birthplace he oh	1 Mah	
	(City or tow	vn) (State	or foreign country)	(City or to	wn) (State or ior	eign country)
. 14. E	Exact Occupation Fa	rmer	•	20. Exact Occupation Hou	ceurile	
	Industry or		*********************	21. Industry or		
F	Business			Business		
22. N	Name prophylactic us	ed to prevent O	nhthalmia Naonato	rim		# · · · · · · · · · · · · · · · · · · ·
	Name prophylactic us Number of children of				(h) Rom slive and no	w living 6
			a) At time of birth	and including this child	(b) Born alive and no	w living.
23. 1	Number of children of	this mother: (	a) At time of birth ATTENDANT	and including this child		
23. 1	Number of children of HEREBY CERTIFY T	this mother: (	a) At time of birth ATTENDANT the birth of this chil	and including this child	at	. on the dat
23. 1	Number of children of HEREBY CERTIFY T	this mother: (	a) At time of birth ATTENDANT the birth of this chil	and including this child. 2 ( 'S CERTIFICATE d, who was	at	on the dat
23. I 24. I	Number of children of HEREBY CERTIFY T and at the place state	this mother: (That I attended to ed above, and the	a) At time of birth ATTENDANT the birth of this chil	and including this child. 2 ( 'S CERTIFICATE d, who was	at	. on the dat
23. I 24. I	Number of children of HEREBY CERTIFY T	this mother: (That I attended to ed above, and the	a) At time of birth ATTENDANT the birth of this chil	and including this child. 2 ( 'S CERTIFICATE d, who was	at	on the dat
23. I 24. I 8 v 25. A	Number of children of HEREBY CERTIFY T and at the place state who is related as	this mother: ( That I attended the dabove, and the	a) At time of birth ATTENDANT the birth of this chil nat personal particu	and including this child	at	. on the dat
23. I 24. I v 25. A	Number of children of the HEREBY CERTIFY Thank at the place state who is related as	this mother: ( That I attended the dabove, and the	a) At time of birth ATTENDANT the birth of this chil nat personal particu	and including this child	t name) (	. on the dat
23. I 24. I v 25. A	Number of children of HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho	this mother: ( That I attended to ed above, and the (Mother, etc.)	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwif	and including this child	t name) (	. on the dat
23. I 24. I 25. A State Count	Number of children of HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho ty of Bonnevil	this mother: ( That I attended to the dabove, and the (Mother, etc.)	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwif	and including this child	t name) (  Date	Last name)
23. I 24. I 24. I 25. A C State Count	Number of children of HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho ty of Bonnevil	this mother: ( That I attended to the dabove, and the (Mother, etc.)	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwif	and including this child	t name) (  Date	Last name)
23. I 24. I 24. I 25. A C State Count	Number of children of I HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho ty of Bonnevil , the undersigned, bein	this mother: (Chat I attended the dabove, and the (Mother, etc.)  Le  ng first duly swo	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwif  ss.  orn, say that I am ti	and including this child	t name)  Date  FIDAVIT  ttendant does not sign of the person whose i	Last name)
23. I 24. I 25. A State Count I,	Number of children of I HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho ty of Bonnevil the undersigned, being m 4, above, that I am	this mother: (Chat I attended the dabove, and the (Mother, etc.)  Le	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwif  ss.  orn, say that I am ti	and including this child	Date  FIDAVIT  ttendant does not sign of the person whose responses to the person whose response	Last name)  a in Item 25. hame appear
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23. I 24. I 25. A State Count I,	Number of children of I HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho ty of Bonnevil the undersigned, being m 4, above, that I am Sally (First name)	this mother: (Chat I attended to ed above, and the (Mother, etc.)  le	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwif  ss.  orn, say that I am the say the say the say th	and including this child	Date  FIDAVIT  ttendant does not sign of the person whose r  n yes, now deceased  deceased	Last name)  in Item 25.  name appearance ars, and the
23. I 24. I 25. A State Count I, in Ite	Number of children of I HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho ty of Bonnevil , the undersigned, being m 4, above, that I am Sally (First name) that the facts on the	this mother: (Chat I attended the decided above, and the decided above, etc.)  Le decided above, etc.)  Le decided above, etc.)	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwif  ss.  orn, say that I am the say the say the say th	and including this child	Date  FIDAVIT  ttendant does not sign of the person whose r  or yes now deceased deceased & (Cannot be take it I desire to have this	Last name)  in Item 25.  name appear ears, and the
23. I 24. I 25. A State Count I, in Ite:	Number of children of I HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho ty of Bonnevil the undersigned, being m 4, above, that I am Sally (First name)	this mother: (Chat I attended the decided above, and the decided above, etc.)  Le decided above, etc.)  Le decided above, etc.)	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwif  ss.  orn, say that I am the say the say the say th	and including this child	Date  FIDAVIT  ttendant does not sign of the person whose r  n yes, now deceased  deceased	Last name)  in Item 25. name appears, and the
23. I 24. I 25. A State Count I, in Ite:	Number of children of I HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho ty of Bonnevil , the undersigned, being m 4, above, that I am Sally (First name) that the facts on the	this mother: (Chat I attended the decided above, and the decided above, etc.)  Le decided above, etc.)  Le decided above, etc.)	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwif  ss.  orn, say that I am the say the say the say th	and including this child	Date  FIDAVIT  ttendant does not sign of the person whose responsible does by the deceased deceased deceased at (Cannot be does t I desire to have this	Last name)  in Item 25. name appears, and the limits further faith
23. I 24. I 25. A Count I, in Ite	Number of children of I HEREBY CERTIFY T and at the place state who is related as Attendant's  OWN signature  of Idaho ty of Bonnevil , the undersigned, being m 4, above, that I am Sally (First name) that the facts on the order Chapter 139, 1937	this mother: (Chat I attended to the dabove, and the (Mother, etc.)  Le ng first duly swon how Lee certificate above.	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwif  ss.  orn, say that I am th  (Last name) ve are true to the limited and	and including this child	pate to name)  t name)  (t name)	Last name)  in Item 25. name appears, and the birth record Signature. O. Address
23. I 24. I 25. A State Count I, in Ite	Number of children of I HEREBY CERTIFY T and at the place state who is related as Attendant's  OWN signature  of Idaho ty of Bonnevil the undersigned, being the undersigned, being the undersigned, being that the facts on the order Chapter 139, 193	this mother: (Chat I attended to the dabove, and the (Mother, etc.)  Le ng first duly swon how Lee certificate above.	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwif  ss.  orn, say that I am th  (Last name) ve are true to the limited and	and including this child.  S CERTIFICATE  id, who was  (Born alive, stillborn)  lars were furnished by  (Firs  Address  e  (To be completed when the a aunt  (Mother, etc.)  at I have known this person for  , who attended this birth.  (Is now best of my knowledge, and that  Jacob February	pate person whose response to the person whos	Last name)  in Item 25. name appears, and the birth record Signature, O. Addres
23. I 24. I 25. A State Count I, in Ite	Number of children of I HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho ty of Bonnevil , the undersigned, bein m 4, above, that I am Sally (First name) that the facts on the nder Chapter 139, 1937	this mother: (Chat I attended the december, etc.)  (Mother, etc.)  Le mg first duly swon now Lee excertificate about 7 Session Laws.	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwiff  ss.  orn, say that I am the say	and including this child.  'S CERTIFICATE  id, who was  (Born alive, stillborn)  lars were furnished by  (Firs  Address  e  (To be completed when the a aunt  (Mother, etc.)  at I have known this person for  (Is now best of my knowledge, and that  ay of February  Notary Public	pate to name)  Tripavit ttendant does not sign of the person whose response to the person whose response to the person whose response to the person whose response to the person whose response to the person whose response to the person whose response to the person whose response to the person whose response to the person whose response to the person whose response to the person who the person whose response to the perso	Last name)  in Item 25. name appear ears, and the light birth record
23. I 24. I 25. A Count I, in Ite	Number of children of I HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho ty of Bonnevil , the undersigned, bein m 4, above, that I am Sally (First name) that the facts on the nder Chapter 139, 1937	this mother: (Chat I attended the december, etc.)  (Mother, etc.)  Le mg first duly swon now Lee excertificate about 7 Session Laws.	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwiff  ss.  orn, say that I am the say	and including this child.  S CERTIFICATE  id, who was  (Born alive, stillborn)  lars were furnished by  (Firs  Address  e  (To be completed when the a aunt  (Mother, etc.)  at I have known this person for  , who attended this birth.  (Is now best of my knowledge, and that  Jacob February	Date  FIDAVIT  ttendant does not sign of the person whose r  or yes  now deceased  deceased & (Cannot be less at I desire to have this  c, residing at Idaho ted.My comm. exp	Last name)  a in Item 25. hame appear ears, and the birth record Signatur C. O. Addres Talls, Ich
23. I 24. I 25. A Count I, in Ite	Number of children of I HEREBY CERTIFY T and at the place state who is related as  Attendant's DWN signature  of Idaho ty of Bonnevil , the undersigned, bein m 4, above, that I am Sally (First name) that the facts on the nder Chapter 139, 1937  subscribed and sworn (SEAL) Note: Perjury is pun	this mother: (Chat I attended the december, etc.)  (Mother, etc.)  Le mg first duly swon now Lee excertificate about 7 Session Laws.	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwiff  ss.  orn, say that I am the say	and including this child.  S CERTIFICATE  id, who was  (Born alive, stillborn)  lars were furnished by  (Firs  Address  e  (To be completed when the a aunt  (Mother, etc.)  at I have known this person for  I have known this birth.  (Is now best of my knowledge, and that  ay of February  Notary Public  Sec. 17-914 Idaho Code Annotar	Date  FIDAVIT  ttendant does not sign of the person whose r  or yes  now deceased  deceased & (Cannot be less at I desire to have this  c, residing at Idaho ted.My comm. exp	Last name)  a in Item 25. hame appear ears, and the birth record Signatur C. O. Addres Talls, Ich
23. I	Number of children of I HEREBY CERTIFY T and at the place state who is related as Attendant's DWN signature of Idaho ty of Bonnevil , the undersigned, bein m 4, above, that I am Sally (First name) that the facts on the nder Chapter 139, 1937	this mother: (Chat I attended the december, etc.)  (Mother, etc.)  Le mg first duly swon now. Lee the certificate about 7 Session Laws.	a) At time of birth ATTENDANT the birth of this chil nat personal particu  M.D. Midwiff  ss.  orn, say that I am the say	and including this child.  'S CERTIFICATE  id, who was  (Born alive, stillborn)  lars were furnished by  (Firs  Address  e  (To be completed when the a aunt  (Mother, etc.)  at I have known this person for  (Is now best of my knowledge, and that  ay of February  Notary Public	Date  FIDAVIT  ttendant does not sign of the person whose r  or yes  now deceased  deceased & (Cannot be less at I desire to have this  c, residing at Idaho ted.My comm. exp	Last name)  in Item 25. name appears, and the birth record

(1937 Session Laws, Chapter 139, Section 4)

251 211 009, 75 United States (Be sure the information is as of date of birth of THIS child.) State File No .... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of the Census STATE OF IDAHO Reg. Dist. No.... 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) charge (a) County Latah (b) City MOSCOW (a) State Ideha (b) County Latan (c) Street Address or R.F.D. No..... (c) City\_MOSCOW ŝ (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. at home 10 Mi S. Moscow Idaho (e) How long has MOTHER lived in Idaho? 14 yrs. (e) Mothers stay BEFORE delivery: RESIDENCE OF FATHER (city, state) MOSCOW Ida In THIS county years months days 4. FULL NAME 5. Date of Birth of Child (Month, day, year) 6/11/1801 OF CHILD Beva Lurinda Beals 7. Twin or If so-born 8. No. months 6 Sex Female Triplet 1st. 2nd. 3rd of Pregnancy # 9. Legitimate? > Yag FATHER OF CHILD MOTHER OF CHILD 10. FULL FULL MAIDEN David Samuel Beals NAME Margaret Elicabeth Pea NAME Color 12. Age at time 18. Age at time 17. Color White of THIS birth......29...yrs. or Race or Race.... of THIS birth.....14 yrs. 19. Birthplace 15 Mi Louievil Kentucky 13. Birthplace 20 Mi Kansas City, Kansas (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Farmer housewife Occupation.... Occupation ... Industry or 21. Industry or farming **Business** Business None Name prophylactic used to prevent Ophthalmia Neonatorum Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living .... ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of... **AFFIDAVIT** County of... (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_\_\_\_of the person whose name appears (Mother, etc.) years, and that \_\_\_\_\_years of age, that I have known this person for \_\_\_\_\_ homas liea who attended this birth texast th 79 (Is now deceased) or (Cannot be located) ...I further (First name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. WOTARY PUBLIC FOR IDAGO RESIDING AT LEWISTON TEEREIN. MY CO. . . . . . . . . . . . . EXFIRES SEPTEMBER 1, 1949 P. O. Address Subscribed and sworn to before me this... .day of... Notary Public, residing at (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91/(da o Code Annotated.) FEB 24 1947 Received for filing on..... bv\_ 2. Registrar

(1937 Session Laws, Chapter 139, Section 4)

413-823-039-493 State File No. 431952 United States (Be sure the information is as of date of birth of THIS child.) CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County ATAMA (b) City Lenesse (a) State 10 P. HO (b) County LATAHA (c) Street Address or R.F.D. No. Denesse (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... ON FARM (e) How long has MOTHER lived in Idaho? 17 yrs. (e) Mothers stay **BEFORE** delivery: In THIS county / years months days 3. RESIDENCE OF FATHER (city, state) / PAHO. 5. Date of Birth of Child (Month, day, year) Oct. 232/89/ 4. FULL NAME DOROTHY MATSON OF CHILD 7. Twin or If so-born 8. No. months 9. Legitimate? Ves Sex Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME MARTINA 12. Age at time Color 17. Color 18. Age at time or Race WHITE of THIS birth 20 vrs. or Race WHITE of THIS birth 4/ vrs. 19. Birthplace W/N ABEGO COUNTY W/5 CONS/N
(City or town) (State or foreign country) DENMARK 13. Birthplace..... (City or town) (State or foreign country) Exact 20. Exact Occupation FARMER Occupation Housewife Industry or 21. Industry or **Business Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related as..... Mrs. Wn Rogers medente (deceased some years lated (Mother, etc.) 25. Attendant's M.D. Address **OWN** signature Midwife State of. BRITISH -OLUMBIA **AFFIDAVIT** County of WESTMINSTER (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 75 years of age, that I have known this person for 55 years, and that EIRS NOW BOGERS , who attended this birth 13 NOW DECERSED I further (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before methis 17 ck (SEAL)
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Codo Annotated.) Received for filing on.

(1937 Session Laws, Chapter 139, Section 4)

219-230-022-292 United States (Be sure the information is as of date of birth of THIS child.) State File No.... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No .... 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) charge (a) County Falmont (b) City Tetor (b) County & remov (a) State... (c) Street Address or R.F.D. No. (c) City... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... ar rome (e) How long has MOTHER lived in Idaho? 65 vrs. (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) In THIS county 1 years months days 4. FULL NAME Date of Birth of Child (Month, day, year) man . 30-Barner OF CHILD... 7. Twin or If so-born 8. No. months Sex 3 Triplet 1st, 2nd, 3rd of Pregnancy 9 9. Legitimate? 4 FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME.... Color Age at time 17. Color 18. Age at time of THIS birth 37 or Race or Race of THIS birth Lake City - 71ts Birthplace. 19. Birthplace. (State or foreign country) (City or town) (State or foreign country) Exact Exact Occupation House Occupation.. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) Attendant's M.D. Address Date **OWN** signature Midwife Idaho State of..... AFFIDAVIT County of Valley (To be completed when the attendant does not sign in Item 25.) Mother I, the undersigned, being first duly sworn, say that I am the ...... .....of the person whose name appears (Mother, etc.) Graham , who attended this birth deceased Crand ma ...I further (Last name) (Is now deceased) or (Cannot be located) (First name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Rose Or Barrie Cascade, Idaho P. O. Address Subscribed and sworn to before me this. March , Notary Public, residing at Cascade, Ida (Note: Perjury is punishable as a relony in Joaho see Sec. 17-914 Idaho Code Annotated.) Received for filing on... .by\_\_ ...... Registrar

(1937 Session Laws, Chapter 139, Section 4)

UARR Sha. 1947 51 2-213 128-239 (Be sure the information is as of date of birth of THIS child.) State File No .... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No .... No charge for Bureau of the Census STATE OF IDAHO Reg. Dist. No .... 1. PLACE OF BIRTH (All items at time of this birth)
(a) County Knownal (b) City County Clese USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State...... (b) County..... (c) Street Address or R.F.D. No..... (c) City..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (e) Mothers stay BEFORE delivery: months / 4 days In **THIS** county 3. RESIDENCE OF FATHER (city, state) vears 5. Date of Birth of Child Man 13,189.1 4. FULL NAME OF CHILD. 7. Twin or If so-born 8. No. months Triplet Sex -1st, 2nd, 3rd of Pregnancy 9. Legitimate? 423 FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME Color 12. Age at time 18. Age at time 17. Color of THIS birth 28 vrs or Race. or Race... Lennes 13. Birthplace..... 19. Birthplace..... (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Farmer. Occupation .... Occupation.. Industry or 21. Industry or **Business** Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and new living ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date Midwife **OWN** signature State of Washington AFFIDAVIT County of Spokene (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the .... aunt .... .....of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 65 years of age, that I have known this person for fifty-six years, and that Farrell who attended this birth is now deceased (Pirst name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Rowan. Spokane (14) Washing ton Address , Notary Public, residing at Spokane. Wn (Note: Perjury is punishable as a felony in Idaho;) see Sec. 17-914, idaho Code Annotated.) Received for filing on .....

(1937 Session Laws, Chapter 139, Section 4)



249 223029-697 United States (Be sure the information is as of date of birth of THIS child.) State File No..... Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) No charge (a) County Late (b) City Genesee (a) State Idaho (b) County Latah (c) Street Address or R.F.D. No. Genesee. (c) City.... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... at Home (e) How long has MOTHER lived in Idaho? 10 was (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Genesee. Ida In THIS county 10 years months days 5. Date of Birth of Child (Month, day, year) Jan. 23, 1891 4. FULL NAME DORA BELL BURR OF CHILD. 7. Twin or If so-born 8. No. months 6 Sex FEMALE 1st, 2nd, 3rd Triplet 9 9. Legitimate? of Pregnancy yes FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN Charles F. Burr Mary E. Wigg NAME NAME ... Color 12. Age at time 17. Color 18. Age at time white of THIS birth 34 vrs. or Race White of THIS birth 34vrs. or Race... Illinois. 13. Birthplace Momence, Illinois, 19. Birthplace Elgin. (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Insurance Agent. house wife Occupation..... Occupation.... Industry or 21. Industry or for self Business Business Name prophylactic used to prevent Ophthalmia Neonatorum. None ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of Idaho **AFFIDAVIT** County of Latah (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 67 years of age, that I have known this person for since birthears, and that J. L. Comant , who attended this birth 1s now deceased I further (Last name) (Is now deceased) or (Cannot be located) (First name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Genesee Idaho P. O. Address 19 47 Subscribed and sworn to before me this. .day of.... (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) MAY 29 19/7 Received for filing on..... .bv\_

(1937 Session Laws, Chapter 139, Section 4)

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certifi charge	United States Department of Commerce		of date of birth of THIS child) TE OF BIRTH	
-	Bureau of Census		F IDAHO	Local Reg. No
COMPLETED for filing. No	1. PLACE OF BIRTH.	SIRIE O		Reg. Dist. No.
L ģ	(a) County Washing	ton (b) CityOld Meadous	2. USUAL RESIDENCE of MC	
泛띑	(c) Street Address or R.F.	D. No.	(c) City Zneals	
Z T	(d) Name of Hospital or N	Maternity Home:	(d) Street Address or R.F.	
Š\$		***************************************	(e) How long has <b>MOTHE</b>	
_ ^ ^ .	(e) Mother's stay <b>BEFOR</b> : In Hosp. or Mat. Hon		(f) Mother's mailing addre	
Mail Idahe coin	IN THIS county	years month days	3. RESIDENCE of FATHER (	city, state)
	4. FULL NAME 4	Elin Well	5. Date of Bir	
ate ise	OF CHILD IN LE			ay year) april 14-1891
ig A g	, ,	vin or 0 If so—born	8. No. months	
certifi tics, B sy ord	· · · · · · · · · · · · · · · · · · ·	riplet 1st, 2nd, 3rd OF CHILD		
stice bey	10. FULL > /	4	16. FULL MAIDEN	OF CHILD (
this cerl Statistics, money o	NAME William	Edward Webb	NAME Dela M	sye
# # # # # # # # # # # # # # # # # # #	11. Color	12. Age at time	17. Color 1 0 L 1	8. Age at time
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	13. Birthplace (City or town)	(State or foreign country)	19. Birthplace (City or town)	(State or foreign country)
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8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	and at the place stated at related to this child as	lefore Ist alm	(First n	ame) (Last name)
F 8 s			25. Attendant's	
E W E	(Date received)	· · · · · · · · · · · · · · · · · · ·	OWN signature	
ASS es a	27. Given name added on	by(Registrar's signature)	and address	(D.O.,Midwife,etc.)  Date
BLACK Rec FIRST-CLA copy require			A T19110 A T19111 III	
XT. §	State of State of		AFFIDAVIT To be completed w	
A S	County of	1 2 0	NOT LIVING or CAN	A 4 ()
AL S	I, July 111		duly sworn, say that I am	
ម្ភាក្ខា	Trace Ele	na Webb as	marker	whose birth certificate
III Tific	(Name of person on	Gertificate above) sire to have the said birth record	(State relationship or acquaintance)	
نة بطير.	contained therein are true to	the best of my knowledge. I fur	ther state that.	behnette odw
BLACK welope Each c	said birth to mark	elecence and that	(Name of attendaths this birth has not been previous	ant at birth)
SLA( velop Each	(Is now deceased (o	or) cannot be located)	this bit in has not been previous	ly recorded.
			WU JU JI HOTE	Signature O. Address
only in ey iling		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2 19 Zzgan	Lacure P. O. Address
9.4	Subscribed and sworn to	before me on this first some da	y of June	19.4.7
Jse or att	(SEAL)	W BYWWW	Netary Public, residing	at Andrew , Vulla
<b>بەن</b> ب				

(1937 Session Laws, Chapter 139, Section 4)

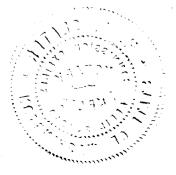
354-214-044-719 437878 878 State File No. 437878 United States (Be sure the information is as of date of birth of THIS child.) CERTIFICATE OF BIRTH Local Reg. No..... Department of Commerce Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Wash. (b) City Saluhia (a) State Idaho (b) County Wark. (c) Street Address or R.F.D. No. (c) City Salubria (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... atrisidence of Parents. (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Saluting In THIS county months davs years 5. Date of Birth of Child
(Month, day, year) Sept. 14, 189 4. FULL NAME OF CHILD Eather If so-born 7. Twin or 8. No. months Sex Ferra 1st, 2nd. 3rd 9. Legitimate? U.S. of Pregnancy Triplet FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Mary ann Garre 18. Age at time Color 12. Age at time 17. Color or Race W of THIS birth 42 of THIS birth 13. Birthplace Quehausu Ca. 19. Birthplace Gyalvin Vilian (City or town) (State or foreign country) (City or town) (State or foreign country) 20. Exact Occupation Farmer + Bl. Occupation. 21. Industry or Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother://(a) At time of birth and including this child. ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_at \_\_\_\_\_\_M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as....(Mother, etc.) M.D. Address Date Attendant's Midwife **OWN** signature State of Oregon **AFFIDAVIT** County of Klamath (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_Sister\_\_\_\_\_\_of the person whose name appears (Mother, etc.) Dr. Peter Elic Hunt , who attended this birth is now deceased I further (Is now deceased) or (Cannot be located) (First name) (Last name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. ela Ross 5072 Harlan Drive P. O. Address Subscribed and sworn to before me this 28th day of July Notary Public, residing at Klamath Falls (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-945, Idaho Code Annotated.) Justice of the Peace Received for filing on..... Registrar AUG 1 1947

(1937 Session Laws, Chapter 139, Section 4)



295-115-035-569 442126 Unite? States (Be sure the information is as of-date of birth of THIS child.) State File MA Local Reg. No. Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Nez Fer c e (b) City Leland (a) State 1daho (b) County Nez Ferc e (c) Street Address or R.F.D. No. None (c) City Leland (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. Nane Bor n at h ome (e) How long has MOTHER lived in Idaho? 15 yrs. (e) Mothers stay BEFORE delivery: RESIDENCE OF FATHER (city, state) Leland. 1dah In THIS county months days vears 5. Date of Birth of Child (Month, day, year) Mar 15, 1891 4. FULL NAME of Child Cornelius King If so-born 7. Twin or 8. No. months NO \*\*\* Sex Male of Pregnancy 9 9. Legitimate? Triplet 1st. 2nd. 3rd 768 PATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN nna Louise Ewing 10. FULL James Douglas King NAME 12. Age at time 11. Color 17. Color 18. Age at time of THIS birth 32 vrs Whit e or Race White of THIS birth 32 vrs. or Race... 13. Birthplace Pontiac illinois Ohio 19. Birthplace Toledo (City or town) (State or foreign country) (City or town) (State or foreign country) 20. Exact Exact Occupation Framer Occupation Housewife 21. Industry or Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known 23. Number of children of this mother: (a) At time of birth and including this child 6..... (b) Born alive and now living 5..... ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as....(Mother, etc.) M.D. Address Date 25. Attendant's Midwife **OWN** signature Washington State of..... **AFFIDAVIT** County of Spokane (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 65 years of age, that I have known this person for ..... ....years, and that Mollie Welker , who attended this birthIs now deceased I further st. name) (Last name) (Last name) (Last name) (Last name) (Last name) (First hame) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Wall St. Spokane. Wash Address Subscribed and sworn to before me this 3444 (SEAL) Notary Public, res (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) ..., Notary Public, residing at Abokane Received for filling on SFP 30 1977

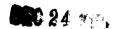
(1937 Session Laws, Chapter 139, Section 4)



523-124-1204-238 442250 United States (Be sure the information is as of date of birth of THIS child.) State File No... Department of Commerce Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State LOANO (b) County BEATLANE (a) County BERRLANE (b) City MONTPELIAP (c) Street Address or R.F.D. No.... (c) City MONTEGAR (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... HT HOME (e) How long has MOTHER lived in Idaho? \_\_\_\_\_yrs. (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) MONTRELIAR In THIS county 2 years months days 5. Date of Birth of Child Oct. 24, 1891 4. FULL NAME WALTER ESCHLEY OF CHILD... 7. Twin or If so-born 8. No. months Sex 1st, 2nd, 3rd Triplet of Pregnancy 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN MINNIE OCHULT 20 10. FULL ES.CHLEIZ. NAME Color 12. Age at time 17. Color 18. Age at time or Race WA // of THIS birth or Race... of THIS birth... 13. Birthplace... DECN PALZWEDEL, GERMAN 19. Birthplace (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact NOUSISWIFE. CARPENTER Occupation... Occupation..... Industry or 21. Industry or **Business Business** Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child...... (b) Born alive and now living. ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of JOANO **AFFIDAVIT** County of LONNISVILLES (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_\_\_of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 9 years of age, that I have known this person for years, and that , who attended this birth..... ...I further (Is now deceased) or (Cannot be located) (First name) (Last name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this A SEAL) Notary Public, residing at (Note: Perfury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Registrar Received for filing on.

(1937 Session Laws, Chapter 139, Section 4)

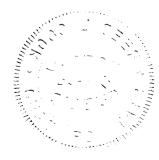
7 22 4 020, 346 United States (Be sure the information is as of date of State File N Local Reg. No. Department of Commerce CATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No .... 1. PLACE OF, BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State 107710 (b) County 777 charge (a) County LATAN (b) City KENDRICK (b) County 6 17 1 (c) Street Address or R.F.D. No..... NORICK (c) City. (d) Name of Hospital or Maternity Home: è (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? (e) Mothers stay BEFORE delivery: RESIDENCE OF FATHER (city, state) /DA H 3 In THIS county ( vears months davs 4. FULL NAME 5. Date of Birth of Child (Month, day, year) MAR. 142 7. Twin or If so-born No. months Sex Tu 1st, 2nd, 3rd Triplet 9. Legitimate? of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDER NAME Color 12. Age at time 17. Color Age at time of THIS birth. or Race of THIS birth. 13. Birthplace..... Birthplace..... (City or town) (State or foreign country) (City or town) State or foreign country) Exact Exact Occupation .... Occupation. 15. Industry or Industry or **Business Business** Name prophylactic used to prevent Ophthalmia Neonatorum. Number of children of this mother: (a) At time of birth and including this child........ (b) Born alive and now living....... ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by\_\_\_\_\_\_ (First name) who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date **OWN** signature Midwife State of... **AFFIDAVIT** County of AAA (To be completed when the attendant does not sign in Item 25.) .....of the person whose name appears (Mother, etc.) in Item 4, above, that I am now ... years of age, that I have known this person for the ....., who attended this birth are ...I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. .Signature P. O. Address Subscribed and sworn to before the this (SEAL) Notary Public, residing at (Note: Perjury is punishable as a felony in Idaho; see S.c. 17-914, Idaho Code Annotated.) Received for filing on... Registrar



(1937 Session Laws, Chapter 139, Section 4)

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요금		ited States		nation is as o	of date	of birth of THIS child.)	State File No.D	E48-0035
9 4	De	partment of Commerce	CER	TIFICAT	E OI	F BIRTH	Local Reg. No	
) certificate charge for 1		reau of the Census		STATE O			Reg. Dist. No	
. E	1.	PLACE OF BIRTH (All item (a) County	s at time of this birf	h) 1 10		USUAL RESIDENCE OF MO		
t b		(a) County	(b) City Lask	stallo		(a) State Sales	(h) Country	- 01110 10117
ខង្គ		(c) Street Address or R.F.D	No.			(c) City Daslie To	. (b) County	********************
COMPLETED filing. No cl		(d) Name of Hospital or Ma	eternity Home:			•		
ijŽ			-			(d) Street Address or R.F.	D. No	
3.		(e) Mothers stay BEFORE				(e) How long has MOTHI		
filing.		In THIS county	years months	days	3.	RESIDENCE OF FATHER	(city, state)	les Falls 20
<b>3</b> 年 .	4.	OF CHILD William	Henry Dah	estrom		5. Date of Birt	h of Child October y, year) October	27.1891
경험		. 7. Tw		so-born		8. No. months	,, , , , , , , , , , , , , , , , , , , ,	
្តស	6			t, 2nd, 3rd		of Pregnancy	<ol><li>Legitimate?</li></ol>	ues
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를 <u>.</u>		or Race walle	12. Age at time of THIS birth.	SO vrs.	41.	or Race white	of THIS hir	th 22 yrs.
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8, 5	13.	Birthplace(City or town)	(State or foreign o	<u>~~</u>	19.	Birthplace (Citygor town)		
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ig is	15.	Industry or			21.	Industry or		
7 2		Business				Business		
1	22.	Name prophylactic used to	prevent Ophthalmi	a Neonatorur	n			
0 F H	23.	Number of children of this	mother: (a) At tim	e of birth a	nd incl	luding this child.	von agve and nov	v living 3
00				TENDANT'S				
P I	24.	I HEREBY CERTIFY That I	attended the birth o	of this child,	who v	was	at M.	on the date
Bure			<b>.</b>			(Born alive, stillborn)		
m g		and at the place stated ab	ove, and that person	ial particulai	rs wer	e furnished by(First nam	(A	ast name)
t d		who is related as				(Fust nan	ic) (L	ast name)
16 St			ther, etc.)					)
0 8	25.				Addres	88	Date	** ******
ğ		OWN signature		Midwife		· · · · · · · · · · · · · · · · · · ·		
g	Sta	te of Sales				AFFID?	LVIT	₩.
a St	Cou	inty of Bearing	ss.	•	(To be	completed when the atten-	dant does not sign	in Item 25.)
O Ö		I, the undersigned, being fir	rst duly sworn, say th	nat I am the	4	uudof tl	ne person whose n	ame appears
SSI		Item 4, above, that I am now	80			(Mother, etc.)	356	,
ı ğ	in l	Item 4, above, that I am now	years	of age, that	I hav	e known this person for	ye	ars, and that
'-CLASS Y requi					who :	attended this birth(Is now decea		I further
FIRST-CL	~+~	(First name)	(Last	name)		(Is now deceased as a second state of I de	sed) or (Cannot be locat	ted)
H	SIE Pa	te that the facts on the cert under Chapter 139, 1937 Ses	incate above are tru	ie to the bes		· /. "		
mai	- Cu	ander onapter roat 280. Des	31011 12aws.	*	(	Essie Kirkp	alvek	Signature
bearing to certify	11.17			,.	Y SI	Dalen Fills	Isaho P	
bearin h certi	=		1 1 - 2	11/17		march		
ਰੁਬ	=	Subscribed and sworn to be	fore me this	day	07			F. 11
elope		(SEAL)	Yled)	1000	u	Notary Public, re	siding at	es stall
, e		(Note: Perjury is punishal	ne as a felony in Id	ano; see Sec	. 17-9	14, Idaho Code Annotated.)	1 -	115
ង្គម្ចា	Rec	eived for filing on	MAR 1 1946		by	John 11	lunes	Registrar
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						a F	•	

(1937 Session Laws, Chapter 139, Section 4)
Where the birth of a child born prior to the effective date of Chapter 191,



	81-213-029-68		of date of birth of THIS child.	State File No.DE48-007
_	ted States (Be sur	e mie minoimiamon is as o	r date or purm or this cume.	/ Dlate the 110
Der	partment of Commerce	CERTIFICATI		Local Reg. No
Bur	eau of the Census	STATE OF		Reg. Dist. No
1.	PLACE OF BIRTH (All items at time	of this birth)	2. USUAL RESIDENCE OF	MOTHER (At time of this birth
	(a) County Latak (b) C	ity Hutter creek	(a) State Ida	(b) County La Cah
	(c) Street Address or R.F.D. No		(c) City Heller C	
	(d) Name of Hospital or Maternity H			R.F.D. No.
	at sionice			
	(e) Mothers stay <b>BEFORE</b> delivery:			THER lived in Idaho?
	In THIS county & years	months days	3. RESIDENCE OF FATHE	R (city, state) Hills Crie
4.	OF CHILD Codille Trans	4 + 5 (p) - + 10 + 4 + p a a a a a a a a a a a a a a a a a a	5. Date of 1	Birth of Child day, year) 13 of Wice 18
6	$\gamma_{\alpha}$ 7. Twin or	If so—born	8. No. months	O Louisimoto 2 Adri A
0	Sex flewele Triplet FATHER OF CHILD	1st, 2nd, 3rd	of Pregnancy	9. Legitimate?
10.	DTTT T // A SA		46	, , , , , , , , , , , , , , , , , , , ,
	NAME/100EL James	Chombers	NAME CAR	Jabith While
11.	Color () 12. Age	at time	17 Color $\mathcal{L}^{\prime\prime}$ $\mathcal{L}^{\prime\prime}$	' 18 Age at time
		HIS birth 33 yrs.	or Race White	of THIS birth 47
13.		Minnesola		Gorklety Kere &
	77	ate or foreign country)	(City or tow	n) (State or foreign country)
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22.	Name prophylactic used to prevent	Ophthalmia Neonatorun	n	
22. 23.		Ophthalmia Neonatorun	n	
	Name prophylactic used to prevent Number of children of this mother:	Ophthalmia Neonatorum (a) At time of birth an ATTENDANT'S	n d including this child 3 ()	b) Born alive and now living
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(1937 Session Laws, Chapter 139, Section 4)

	815-105-029-417			D7/0 0100
ם	United States (Be sure	the information is as	of date of birth of THIS child.)	State File No.DE48-0128
\$ 7	Department of Commerce	CERTIFICAT	TE OF BIRTH	Local Reg. No
ទីទី	Bureau of the Census		OF IDAHO	Reg. Dist. No
# 8	1. PLACE OF BIRTH (All items at time	of this birth)	<u> </u>	OTHER (At time of this birth)
ě ě	(a) County Latah (b) Ci		(a) State Idaho	(b) County Latah
P &	(c) Street Address or R.F.D. No		(c) City Kendri	ck
N S	(d) Name of Hospital or Maternity H	ome:	(d) Street Address or R.F.	
COMPLETED certificate filing. No charge for 1	(e) Mothers stay BEFORE delivery:	hphhaoppeggcppeaaataa4buuu000 <b>0</b>	(e) How long has MOTH	ER lived in Idaho? 68 yrs.
COMPI filing.		months days	3. RESIDENCE OF FATHER	(city, stateKendrick Idah
8₫.	4. FULL NAME Andrew Hans	en JR.	5. Date of Birt	h of Child y, year) Feb. 5th. 1891
Mail of coin,	7. Twin or	If so—born	8. No. months	***
40,0	6 Sex Male Triplet	1st, 2nd, 3rd		9. Legitimate? Yes
\$ 5 0	FATHER OF CHILD		16. FULL MAIDEN	OF CHILD
g i g	NAME Andrew Hansen		16. FULL MAIDEN Susan	Amanda Maxwell
ertif Boise V or	11. Color White 12. Age of T	at time 41 yrs.	17. Color White or Race	18. Age at time of THIS birth 27yrs.
is c s, 1	13. Birthplace Sioux City Iowa		19. Birthplace Humansv	ille Missouri
mpleting this tal Statistics, ty cents, mor	(City or town) (Sta	te or foreign country)	(City or town)	(State or foreign country)
rtigs ts,	Occupation Farmer		20. Exact House	Wife
Sta	15 Industry or		21. Industry or	
B B P	Business Farming		Business Same	
# 4 S	22. Name prophylactic used to prevent	Ophthalmia Neonatori	um	
##E	23. Number of children of this mother:			Born alive and now living5
a a t	24. I HEREBY CERTIFY That I attended		S CERTIFICATE	at M on the date
ibb ire			(Born alive, stillborn)	
TAB	and at the place stated above, and	that personal particula		
# # c	who is related as		(First nar	ne) (Last name)
St	(Mother, etc.)			
15 th	25. Attendant's OWN signature	M.D. Midwife	Address	Date
Record typewriter ribbon postage to State Bureau res an advance payment	<del></del>			- 177m
g # g	State of		AFFID	
8 0 8	I, the undersigned, being first duly sv		(To be completed when the atten	he person whose name appears
RSE			(Mother, etc.)	
<b>KI 5</b>	in Item 4, above, that I am now84			
HUE	(First name) Dr. Rot	hwell	, who attended this birth	eceased I further
P RS C	state that the facts on the certificate ab	(Last name) ove are true to the be		sed) or (Cannot be located)
BLACK Ink or BLACK bearing FIRST-CLASS h certified copy requir	ed under Chapter 139, 1937 Session Laws			
H E	シーニン	•	Briban A Ha	Signature Signature
A de la la la la la la la la la la la la la		// -	Aberdeen Idaho	P. O. Address
	Subscribed and sworn to before me t	his Za day	y of march	, 19 <i>4</i> E
only BLACK Inkelope bearing FII	(SEAL)	vm/VCo	Notary Public, re	esiding at alla dem Ma
95.	(Note: Perjury is punishable as a fe			
¥ 5 5	Received for filing on 2004	26.1948	by John I I se	And Parietran

(1937 Session Laws, Chapter 139, Section 4)







9	63-124-032-284 ited States (Be sure the				
	partment of Commerce	CERTIFICATE	date of birth of THIS chi	id. State Pho	No.DE48-015
	reau of the Census	STATE OF			. No
	PLACE OF BIRTH (All items at time of	SIALE OF	2. USUAL RESIDENCE (		
٠.,	(a) County IREE MONT (b) City	this birth)			
	(c) Street Address or R.F.D. No.		(a) State IDAH		
	(d) Name of Hospital or Maternity Hom		(c) City TETO	Δ	
	(d) Name of Hospital or Materialy Hom		(d) Street Address o	r R.F.D. No	
*****	(e) Mothers stay BEFORE delivery:		(e) How long has M	IOTHER lived in	Idaho?
	In THIS county years n	nonths days	3. RESIDENCE OF FAT	HER (city, state)	TETON TOAH
4.	FULL NAME OF CHILD PETER-SYME-RO	0 = 0 = 5 = 0	5 Detec	of Right of Child	· ·
1	7. Twin or	If so—born	8. No. months	البہ (n, day, year	114-24-189
6	Sex MALE Triplet	1st, 2nd, 3rd	of Pregnancy	9 9. Legiti	mate? VES
<u> </u>	FATHER OF CHILD	1	MO	HER OF CHILD	YES
10.	PITT T		16. PULL MAIDEN NAME FLIZA		
	NAME PETER - ROBERTS	O IN	NAME ELIZA	SNAW S	AN E
11.		birth3.1vrs.	17. Color or Race NALHIT.	18. Age	at time HIS birth273
•					•
13.		r foreign country)	19. Birthplace HAYN	(0.0.D, LAA	ARK SCOTL
14	-	- '''	20 Exact		e or foreign country)
	Occupation FARMER,		Occupation H.a.	USEWIE	E
<b>?</b>	Occupation				
15.	industry or		21. Industry or		
15.	Business		21. Industry or Business	· •	- <del></del>
15. 	Business		21. Industry or Business	x	
· —	Business		21. Industry or Business	(b) Born alive a	and now living.
22.	Business  Name prophylactic used to prevent Op.  Number of children of this mother: (a.	hthalmia Neonatorum ) At time of birth an  ATTENDANT'S	21. Industry or Business  I including this child.		
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22. 23. 24. 25. Sta Cou	Name prophylactic used to prevent Op. Number of children of this mother: (a  I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as (Mother, etc.)  Attendant's OWN signature  Ite of Manual Little IIII  It the undersigned, being first duly swor.  Item 4, above, that I am now (First name)	hthalmia Neonatorum ) At time of birth an  ATTENDANT'S (e birth of this child, with the personal particulars  M.D. A Midwife  Ss. (7)  n, say that I am the  'Last name)	21. Industry or Business  d including this child.  ERTIFICATE  who was.  (Born alive, stillborn were furnished by  (Find the completed when the completed when the completed whom this person who attended this birth  (Is no of my knowledge, and the completed whom the complet	rst name)  FFIDAVIT attendant does not the person we for	(Last name)  Date  Outsign in Item 2  whose name appears, and the located of this birth reconstruction
22. 23. 24. 25. Sta Cou	Name prophylactic used to prevent Op. Number of children of this mother: (a.  I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  Attendant's OWN signature  ite of Manual Action of this mother: (a.)  Attendant's OWN signature  ite of Manual Action of this mother; (a.)  I, the undersigned, being first duly sworth the facts on the certificate above that the facts on the certificate above	hthalmia Neonatorum ) At time of birth an  ATTENDANT'S (e birth of this child, with the personal particulars  M.D. A Midwife  Ss. (7)  n, say that I am the  'Last name)	21. Industry or Business  d including this child.  ERTIFICATE  who was  (Born alive, stillborn were furnished by  (Find the Completed when the Completed when the Completed whom this person who attended this birth.  (Is no of my knowledge, and the Completed whom the Completed whom the Completed whom the Completed whom the Completed whom the Complete who	rst name)  FFIDAVIT attendant does nof the person w for	(Last name)  Date  Ot sign in Item 2  whose name appears, and the located of the
22. 23. 24. 25. Sta Cou	Name prophylactic used to prevent Op. Number of children of this mother: (a.  I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  Attendant's OWN signature  ite of Manual Comment of this mother: (a.  (Mother, etc.)  I, the undersigned, being first duly sword that the facts on the certificate above under Chapter 139, 1937 Session Laws.	hthalmia Neonatorum ) At time of birth an  ATTENDANT'S (e birth of this child, with the personal particulars  M.D. A Midwife  Ss. (Company)  In , say that I am the  (Last name) e are true to the best	21. Industry or Business  I including this child. ERTIFICATE who was (Born alive, stillborn were furnished by (Finders)  I have known this person who attended this birth. (Is no of my knowledge, and the Rock Soft Ma	rst name)  FFIDAVIT attendant does nof the person w for	(Last name)  Date  Ot sign in Item 2  whose name appe  years, and the sign in Item 2  to be located)  to this birth reconsistant and the sign in Item 2  The sign in I
22. 23. 24. 25. Sta Cou	Name prophylactic used to prevent Op. Number of children of this mother: (a.  I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  Attendant's OWN signature  ite of Manual Comment of this mother: (a.  (Mother, etc.)  I, the undersigned, being first duly sword that the facts on the certificate above under Chapter 139, 1937 Session Laws.	hthalmia Neonatorum ) At time of birth an  ATTENDANT'S (e birth of this child, with the personal particulars  M.D. A Midwife  Ss. (Company)  In , say that I am the  (Last name) e are true to the best	21. Industry or Business  I including this child.  ERTIFICATE who was  (Born alive, stillborn were furnished by (F)  ddress  To be completed when the  (Mother, etc.) I have known this person who attended this birth.  (Is no of my knowledge, and the process of the complete of the comple	at name)  FFIDAVIT attendant does number of the person we deceased) or (Cannot at I desire to have the state of the person which is the state of the person we deceased) or (Cannot I desire to have the state of the person we deceased) or (Cannot I desire to have the state of the person with the person we deceased) or (Cannot I desire to have the person with the per	(Last name)  Date  Ot sign in Item 2 whose name apperate to be located to the loc
22. 23. 24. Sta Con sta ed	Name prophylactic used to prevent Op. Number of children of this mother: (a  I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  Attendant's OWN signature  Ite of Mother of this mother: (a  (Mother, etc.)  Attendant's OWN signature  Ite of Mother of this mother of this place of the certificate above that I am now the certificate above that the facts on the certificate above under Chapter 139, 1937 Session Laws.	hthalmia Neonatorum ) At time of birth an  ATTENDANT'S e birth of this child, t personal particulars  M.D. A Midwife  ss. (7)  n, say that I am the  (Last name) e are true to the best	21. Industry or Business  I including this child.  ERTIFICATE  who was  (Born alive, stillborn were furnished by  (Find the completed when the (Mother, etc.)  I have known this person who attended this birth.  (Is no of my knowledge, and the process of the complete of t	at name)  FFIDAVIT attendant does number of the person we deceased) or (Cannot at I desire to have the person which we have the person which we have the person we deceased) or (Cannot I desire to have the person which we have the person which we have the person with the	(Last name)  Date  Ot sign in Item 2 whose name apperate to be located to the loc
22. 23. 24. 25. Sta Cou	Name prophylactic used to prevent Op. Number of children of this mother: (a  I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  Attendant's OWN signature  Ite of Mother of this mother: (a  (Mother, etc.)  Attendant's OWN signature  Ite of Mother of this mother of this place of the certificate above that I am now the certificate above that the facts on the certificate above under Chapter 139, 1937 Session Laws.	hthalmia Neonatorum ) At time of birth an  ATTENDANT'S e birth of this child, t personal particulars  M.D. A Midwife  ss. (7)  n, say that I am the  (Last name) e are true to the best	21. Industry or Business  I including this child.  ERTIFICATE  who was  (Born alive, stillborn were furnished by  (Find the completed when the (Mother, etc.)  I have known this person who attended this birth.  (Is no of my knowledge, and the process of the complete of t	at name)  FFIDAVIT attendant does number of the person we deceased) or (Cannot at I desire to have the person which we have the person which we have the person we deceased) or (Cannot I desire to have the person which we have the person which we have the person with the	(Last name)  Date  Ot sign in Item 2 whose name apperate to be located to the loc
22. 23. 24. 25. Sta Cou	Name prophylactic used to prevent Op Number of children of this mother: (a  I HEREBY CERTIFY That I attended the and at the place stated above, and that who is related as.  (Mother, etc.)  Attendant's OWN signature  Ite of Mother of this mother: (a  (Mother, etc.)  Attendant's OWN signature  Ite of Mother of this mother of the certificate above that the facts on the certificate above under Chapter 139, 1937 Session Laws.	hthalmia Neonatorum ) At time of birth an  ATTENDANT'S e birth of this child, t personal particulars  M.D. A Midwife  Ss. (7)  In, say that I am the  Years of age, that  (Last name) e are true to the best  Aday  The company of the company of	21. Industry or Business  I including this child.  ERTIFICATE  who was  (Born alive, stillborn were furnished by  (Find the completed when the (Mother, etc.)  I have known this person who attended this birth.  (Is no of my knowledge, and the process of the complete of t	at name)  FFIDAVIT attendant does number of the person we deceased) or (Cannot at I desire to have the person which we have the person which we have the person we deceased) or (Cannot I desire to have the person which we have the person which we have the person with the	(Last name)  Date  Ot sign in Item 2 whose name appears, and the located of the l

FILE # FROM 159 TO DE48-0159 12/6/12 KMC

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

	367-205-014-791	2	-30
a 그	United States (Be sure the information is as	of date of birth of THIS child.)	State File No DE48-0230
협력		E OF BIRTH	Local Reg. No
D certificate charge for 1	Bureau of the Census STATE O		Reg. Dist. No
Ĕ.	1. PLACE OF BIRTH (All items at time of this birth)		MOTHER (At time of this birth)
T f	(a) County Canager (b) City Caldwell	(a) State : X cl u le a)	(b) County Carryon
ខង្គ	(c) Street Address or R.F.D. No.	(c) City Caldu	ell County
B.	(d) Name of Hospital or Maternity Home:	(0, 010)	<del></del>
ΗŻ		(d) Street Address or F	
E .	(e) Mothers stay BEFORE delivery:	(e) How long has MO	THER lived in Idaho? 30 yrs.
COMPLETED filing. No c	In <b>THIS</b> county years months days	3. RESIDENCE OF FATHE	R (city, state)
	4. FULL NAME Ora Mary Cox	5. Date of I	Sirth of Child $7 - 5^ 9/$
Mail o, for coin.	7. Twin or 1 If so—born	8. No. months	day, year) 71
Z 700	6 Sex Female Triplet 1st, 2nd, 3rd	of Pregnancy $q$	9. Legitimate? Yes
rate. N Idaho, er or c	FATHER OF CHILD		R OF CHILD
t d k	10. FULL Henry Cox	10 TTTT T & F T T T T T T T T T T T T T T	·
Hffic Se, orde	41624	NAME FAN	My 89 May
표령 C	11. Color white 12. Age at time of THIS birth 44 yrs.	or Race White	√18. Age at fame of THIS birth 30 yrs.
5 A 5	$\gamma_{n}$		
this des, mon	13. Birthplace (City or town) (State or foreign country)	19. Birthplace Mewleo	(State or foreign country)
田田田	14. Exact		
it it is	Occupation 7 anne	Occupation You	ewife,
leting this Statistics, cents, mon	15. Industry or Business	21. Industry or	/
A E E	Dusiness	Business	
828	22. Name prophylactic used to prevent Ophthalmia Neonatoru	m //one	
SEE	23. Number of children of this mother: (a) At time of birth a	nd including this child	) Born alive and now living
# 2 ±	ATTENDANT'S	CERTIFICATE	
er ribbon e Bureau payment	24. I HEREBY CERTIFY That I attended the birth of this child,	Who was(Born alive, stillborn)	atM. on the date
426	and at the place stated above, and that personal particula		
ğ <u>ə</u> ö			name) (Last name)
£ \$ 8	who is related as(Mother, etc.)		
96 O		Address	Date
E & §	OWN signature Midwife		2300
2 B 2	State of Idaho )	AFF	IDAVIT
258	County of Canyon Ss.		endant does not sign in Item 25.)
2 2	· · · · · · · · · · · · · · · · · · ·	(IO DE COMPIETEU WHEN THE AL	
Rec Pos res	I, the undersigned, being first duly sworn, say that I am the	brother	f the person whose name appears
CK Recision 18 Dos guires	I, the undersigned, being first duly sworn, say that I am the	brother (Mother, etc.)	
LACK Recalled SLASS post	in Item 4, above, that I am now 64 years of age, that	(Mother, etc.) I have known this person for	years, and that
BLACK Rec F-CLASS pos py requires	in Item 4, above, that I am now 64 years of age, that	(Mother, etc.)  I have known this person for who attended this birth	56 years, and that w deceased I further
or BLACK Rec RST-CLASS pos copy requires	in Item 4, above, that I am now 64 years of age, that  Dr. Lee (Last name)	(Mother, etc.)  I have known this person for who attended this birth	years, and that  W deceased I further  ceased) or (Cannot be located)
nk or BLACK Rec FIRST-CLASS pos ed copy requires	in Item 4, above, that I am now 64 years of age, that	(Mother, etc.)  I have known this person for who attended this birth	w deceased I further coased) or (Cannot be located) I desire to have this birth record-
Ink or g FIRST fied cop	in Item 4, above, that I am now 64 years of age, that Dr. Lee (Last name) state that the facts on the certificate above are true to the beed under Chapter 139, 1937 Session Laws.	brother o (Mother, etc.)  I have known this person for who attended this birth	w deceased I further coased) or (Cannot be located) I desire to have this birth record-
Ink or g FIRST fied cop	in Item 4, above, that I am now 64 years of age, that  Or. Lee (Last name) state that the facts on the certificate above are true to the beed under Chapter 139, 1937 Session Laws.	brother (Mother, etc.)  I have known this person for who attended this birth	years, and that  W deceased I further  ceased) or (Cannot be located)  I desire to have this birth record-  Signature  Well Idaho P. O. Address
Ink or g FIRST fied cop	in Item 4, above, that I am now 64 years of age, that  Or. Lee (Last name) state that the facts on the certificate above are true to the beed under Chapter 139, 1937 Session Laws.	brother (Mother, etc.)  I have known this person for who attended this birth	years, and that  W deceased I further  ceased) or (Cannot be located)  I desire to have this birth record-  Signature  Well Idaho P. O. Address
ly BLACK ink or BLACK Rec 20 bearing FIRST-CLASS pos ach certified copy requires	in Item 4, above, that I am now 64 years of age, that    Dr. Lee   (Last name)	brother (Mother, etc.)  I have known this person for who attended this birth	years, and that w deceased I further ceased) or (Cannot be located) I desire to have this birth record- Signature well Idaho P. O. Address 19 48
Ink or g FIRST fied cop	in Item 4, above, that I am now 64 years of age, that    Dr. Lee   (Last name)	brother (Mother, etc.)  I have known this person for who attended this birth	years, and that w deceased I further ceased) or (Cannot be located) I desire to have this birth record- Signature well Idaho P. O. Address 19 48
Ink or g FIRST fied cop	in Item 4, above, that I am now 64 years of age, that    Dr. Lee   (Last name)	brother (Mother, etc.)  I have known this person for who attended this birth	years, and that w deceased I further ceased) or (Cannot be located) I desire to have this birth record- Signature well Idaho P. O. Address 19 48

(1937 Session Laws, Chapter 139, Section 4)

315- 224-029-133 State File No. DE48-0340 United States (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At/time/of this birth) (a) County LHTHR. (b) City LINDEN (a) State  $\frac{1}{2}$   $\frac{\partial H}{\partial h}$   $\frac{\partial H}{\partial h}$  (b) County  $\frac{L}{h}$   $\frac{H}{h}$   $\frac{H}{h}$ (c) Street Address or R.F.D. No. /IV TPH/ LINDEN Post Office (c) City MURAL, (d) Name of Hospital or Maternity Home (d) Street Address or R.F.D. No. Ad R.H. L. (e) How long has MOTHER lived in Idaho? (e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days 3. RESIDENCE OF FATHER (city, state) LINDEN 4. FULL NAME 5. Date of Birth of Child (Month, day, year) 7. Twin or If so-born 8. No. months **Triplet** 1st. 2nd. 3rd 9. Legitimate? 4ES of Pregnancy 4 FATHER OF CHILD MOTHER OF CHILD NAME..... 13. Birthplace BOUR GONGO NEW (State or foreign country) 19. Birthplace #LTON#. (State or foreign country) 14. Exact 20. Exact Occupation HOUSE WILE Occupation TARMER. 15. Industry or 21. Industry or Business Business MNOW 23. Number of children of this mother: (a) At time of birth and including this child.......(b) Born alive and now living. ATTENDANT'S CERTIFICATE and at the place stated above, and that personal particulars were furnished by....., who is (First name) (Last name) related to this child as....(Mother, etc.) 25. Attendant's **OWN** signature Midwife Address Date State of CHIIVORNIH AFFIDAVIT to be completed when the attendant does not sign County of Lo S HNGELES in Item 25. I, the undersigned, being first duly sworn, say that I am the..... ......of the person whose name appears (Mother, etc.) in Item 4, above, that I am now, wears of age, that I have known this person for years, and that DECEASED. I further state that ....., who attended this birth... (Is now deceased) or (Cannot be located) (Last name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and swarn to before me this. and Chifornia My Commission Expires April 29, 1949 MOTARY POBLIC IN HUG c. 17-914, Idaho Code Annotated.) (Note: Perjory is punishable as a felony in Idaho see Received for filing on.....

(1937 Session Laws, Chapter 139, Section 4)

UUU-109-007-8/6
(Be sure the information is as of date of birth of THIS child.) State File No. DE48-0422 CERTIFICATE OF BIRTH Department of Commerce Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Blaine (b) City Soldier (a) State Idaho (b) County n Blaine (c) Street Address or R.F.D. No..... (c) City Soldier (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. None (e) How long has MOTHER lived in Idaho? 6 yrs. (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Soldier Idab In THIS county 6 years months days 5. Date of Birth of ChildJune 9, 18911 (Month, day, year) 4. FULL NAME Isaac William Dudley OF CHILD 7. Twin or If so-born 8. No. months Male 1stx2ndx3rd 9. Legitimate? Yes Sex Triplet of Pregnancy FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Sarah Ann Hawkins NAME Barney Dudley 11. Color 12. Age at time 17. Color 18. Age at time or Race white of THIS birth 38 yrs. of THIS birth 41 vrs. or Race..... Illinois Arkansas 13. Birthplace..... 19. Birthplace..... (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact Farmer 20. Exact Housewife Occupation..... Occupation..... Industry or 21. Industry or Business **Business** Name prophylactic used to prevent Ophthalmia Neonatorum..... ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related as..... (Mother, etc.) 25. Attendant's M.D. Address Date Midwife **OWN** signature State of Washington **AFFIDAVIT** County of Walla Walla (To be completed when the attendant does not sign in Item 25.) (Mother, etc.) in Item 4, above, that I am now 69 years of age, that I have known this person for 57 years, and that Betty Dudley , who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Rte #2 Walla Walla, Washingtonp. O. Address June / 19 48 Subscribed and swern to before me Ais /4th/ Notary Public, residing at Walla Walla (SEAL) (Nôte: Perjury is punishable as a felony in Idaho; see Sec. 17-914/Idaho Code Annotated.) Washington Received for filing on JUN 21 Registrar

(1937 Session Laws, Chapter 139, Section 4)

	862 - 210-0	19-168		
certifi- charge	United States  Department of Commerce  Bureau of Census	(Be sure the information is as of CERTIFICATE STATE OF	OF BIRTH	State File No. DE48-0577 Local Reg. No. Reg. Dist. No.
Mail COMPLETED Idaho, for filing. No coin.	(a) County (b) Street Address or M.F.I. (c) Street Address or M.F.I. (d) Name of Hospital or M. (e) Mother's stay BEFORE In Hosp. or Mat. Home IN THIS county	(b) City Challis O.No. aternity Home: delivery: days.	2. USUAL RESIDENCE of MC (a) State Challo (c) City Challo (d) Street Address or R.F. (e) How long has MOTHE	(b) County Count
tificate. M Boise, Id order or c	4. FULL NAME Name OF CHILD 7. Twi 6. Sex Female 7. Trip	Chindona Hoofer d'	73	th y year) 12/10/891
deting this cer Vital Satistics, cents, money o	10. FULL HOD HATHER O	12. Agg at time of THIS birth 3F yrs.	or Race	Charlotte Johann 18. Age at time of THIS birth 28 yrs Rhitm sureden (State or foreign country)
n in compureau of	14. Exact Occupation 15 Industry or Business	iff of Custina	20. Exact Occupation 21. Industry or Business	se wite
r ribbo State B paymen	23. Number of children of this (c) Born alive and now dea	prevent Ophthalmia Neonatorum mother: (a) At time of birth and d Name (d) Stillborn Name	including this child	uvo
ypewrite tage to S dvance			(born alive, stillborn)	
Record t ASS posi res an a	26. (a) Date received) 27. Given name added on		25. Attendant's  OWN signature  and address	M.D. (D.O.,Midwife,etc.)
BLACK FIRST-CL copy requi	State of Idaho County of Carry or I. Mrs Frace		AFFIDAVIT To be completed NOT LIVING or CANN	NOT BE LOCATED.
ACK Ink or pe bearing less continued	Naomi Christina Host (Name of person on c appears above, and that I desi tained therein are true to the	Ford Tunison as Aun ertificate above) re to have the said birth recorded best of my knowledge. I further	(Relationship or acquaintance under Chapter 139, 1937 Session state that Christine Calman (Name of attendant birth has not been previously re-	ted to (or) acquainted with)  whose birth certificate  Laws; and that the facts con-  in , who attended  at birth)
only BLA in envelop filing. Each	(Is now deceased (or	pefore me on this. 23rd day	Poice Idano of April	Notificate Signature P. O. Address 19.48
Use cate for	(SEAL)	Ew Elingson	Notary Public, residing	at Caldwell, Idaho

FILE # FROM 577 TO DE48-0577 12/26/12 KMC

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

355-128-001-418 United States Department of Commerce

In THIS county

1. PLACE OF BIRTH All items at time of this birth)

(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

(c) Street Address or R.F.D. No.

Triplet

Bureau of the Census

**FULL NAME** 

FULL NAME

Color

13. Birthplace...

Business

Attendant's

State of.....

OWN signature

County of ada,

(SEAL)

Occupation.. Industry or

14. Exact

OF CHILD.....

completing this certificate. Mail COMPLETED certificate Vital Statistics, Boise, Idabo, for filing. No charge for f

(Be sure the information is as of date of birth of THIS child.) CERTIFICATE OF BIRTH

days

If so-born

1st, 2nd, 3rd

(b) City (3 0 0)

years nonths

of THIS birth.

STATE OF IDAHO

8. No. months

16. FULL MAIDEN

or Race... 19. Birthplace....

21. Industry or **Business** 

17. Color

20. Exact

ATTENDANT'S CERTIFICATE

Address

in Item 4, above, that I am now years of age, that I have known this person for years, and that 

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-

M.D.

Midwife

NAME.....

Occupation.....

of Pregnancy

State File No.DE48-0609 Local Reg. No.....

Reg. Dist. No..... 2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(b) County 13

(c) City......

(d) Street Address or R.F.D. No.....

(City or town)

(e) How long has MOTHER lived in Idaho?... 3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child (Month, day, year)......

9. Legitimate?

MOTHER OF CHILD 18. Age at time

of THIS birth

Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. 

(Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by.....

(Is now deceased) or (Cannot be located)

**AFFIDAVIT** 

(To be completed when the attendant does not sign in Item 25.)

Date

Registrar

- Subscribed and sworn to before me this \_\_\_\_\_\_day of \_\_\_\_\_\_
  - ..., Notary Public, residing at....

(Last name)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914. Raho Cade Annotated.)

who is related as.....

(Mother, etc.)

only BLACK Ink or BLACK Record typewriter ribbon slope bearing FIRST-CLASS postage to State Bureau Each certified copy requires on Advance contents. Received for filing on.....

ed under Chapter 139, 1937 Session Laws.

(1937 Session Laws, Chapter 139, Section 4)

State File No. DE48-0904 NOV 6 Be sure the information is as of date of birth of THIS child.) United States Department of Commerce OF VITAL CERTIFICATE OF BIRTH Local Reg. No..... COMPLETED certificate filing. No charge for f Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Latah (b) City MOSCOW (a) State IDAHO (b) County Latah (c) Street Address or R.F.D. No. 3 miles in country (c) City\_\_\_Moscow (c) City Moscow
(d) Street Address or R.F.D. No. 3 miles in country (d) Name of Hospital or Maternity Home: (e) How long has MOTHER lived in Idaho? 6 yrs. (e) Mothers stay **BEFORE** delivery: In THIS county 6 years -- months -- days 3. RESIDENCE OF FATHER (city, state) MOSCOW. Ida. 5. Date of Birth of Child (Month, day, year) Mar. 24, 1891 4. FULL NAME OF CHILD Noah Archibald Mc Clintic completing this certificate. Mail Vital Statistics, Boise, Idaho, for 7. Twin or If so-born 8. No. months 6 Sex male Triplet 1st, 2nd, 3rd of Pregnancy 9-9. Legitimate? Yes FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Lola Wood Jasper Clayton McClintic NAME. 11. Color 12. Age at time 25 of THIS birth.....yrs. 17. Color 18. Age at time white or Race White of THIS birth....17 yrs. or Race 13. Birthplace Marengo Washington 19. Birthplace Eugene Oregon (State or foreign country) (State or foreign country) (City or town) (City or town) 14. Exact Exact Housewife Farmer Occupation.... Occupation.... 15. Industry or 21. Industry or Business Business Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living three ATTENDANT'S CERTIFICATE only BLACK Ink or BLACK Record typewriter ribbon elope bearing FIRST-CLASS postage to State Bureau Each certified copy requires an advance payment (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... who is related as..... (Mother, etc.) M.D. Address Date Attendant's **OWN** signature Midwife State of Washington **AFFIDAVIT** County of Spokane (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.) in Item 4, above, that I am now \_\_\_\_\_\_\_years of age, that I have known this person for \_\_\_\_\_\_\_\_years, and that Dr. Henry B. Blake who attended this birth is now deceased I further (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. :.....Signature Opportunity, Washington P. O. Address Subscribed and sworn to before me this 21st day of September 19 48 (SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17.914, Idaho Code Annotated.) Received for filing on ....

FILE # FROM 904 TO DE48-0904 1/17/13 KMC

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

	49-201 RECEIVED			
Gn	nited States 3 NOV 1 ABORGE the informa	ation is as o	f date of birth of THIS child.)	State File No. DE48-0936
De	epartment of Commerce CERT	IFICATE	OF BIRTH	Local Reg. No
Bu	reau of the Census	STATE OF	IDAHO	Reg. Dist. No
1.	STATISTIC	) 🗘		MOTHER (At time of this birth)
	(a) County Bonnesseller (b) City Lake	Halle		(b) County Bonnes Illa
	(c) Street Address or R.F.D. No.		(c) City	
	(d) Name of Hospital or Maternity Home:		- ·	•
				.F.D. No
	(e) Mothers stay BEFORE delivery:		(e) How long has <b>MOT</b>	HER lived in Idaho?yrs.
	In THIS county years months	days	3. RESIDENCE OF FATHE	R (city, state) I dake falls
4.	of Child Manager S	mith	5. Date of B	irth of Child
	of CHILD 77. Twin or If so	o—born	8. No. months	day, year) feely
6		2nd, 3rd	of Pregnancy	9. Legitimate?
_	FATHER OF CHILD			R OF CHILD.
10.	FULL / C	-	16. FULL MAIDEN	4 4
	NAME PROGRAM ALALIEN S. HALL	<b>V</b>	NAME	a para mancell
11.	or Race 12. Age at time of THIS birth	9 3770	17. Color or Race	18. Age at time of THIS birth 30 yrs.
		1		
13.			19. Birthplace	usas usas
14.	(City or town) (State or foreign cou	intry)	20. Exact (City or town	(State or foreign country)
	Occupation Armel back as 3 la W	4.1.	Occupation	ne will
15.	. Industry or		21. Industry or	
	Business Seles 5 tere.		Business	
22.	. Name prophylactic used to prevent Ophthalmia	Neonatorum	1	
23.	. Number of children of this mother: (a) At time	of birth an	d including this child (b	) Born alive and now living
	ATT	ENDANT'S	CERTIFICATE	
24.	. I HEREBY CERTIFY That I attended the birth of	this child,	who was	at
1	and at the place stated above, and that persona	l norticuler	(Born alive, stillborn)	
	and at the place stated above, and that persona	n particular	First	
	who is related as			
~~	(Mother, etc.)	355	33	Data
25.	. Attendant's COWN signature	M.D. A Midwife	ddress	Date
		1/11dW110		
	ate of ss.		<del></del>	DAVIT
Cot	ounty of Culks			endant does not sign in Item 25.)
	I, the undersigned, being first duly sworn, say that		(Mother, etc.)	
	Item 4, above, that I am now, years of	f age, that	I have known this person for.	57 years, and that
. 1 <b>n</b> .				
a	Midwife in Idaho Falls, Idaho	,	who attended this birth /5	Now decemsed I further
a	Midwife in Idaho Falls, Idaho (First name) (Last n	>	who attended this birth/	Now decemsed I further receased) or (Cannot be located)
sta	(First name) (Last name that the facts on the certificate above are true	ame)	(Is now de	ceased) or (Cannot be located)
sta ed	Midwige in Ldaho Falls, Idaho (First name) (Last n	ame)	(Is now do tof my knowledge, and that is	ceased) or (Cannot be located) I desire to have this birth record-
sta	(First name) (Last name that the facts on the certificate above are true	ame)	t of my knowledge, and that I	ceased) or (Cannot be located) I desire to have this birth record-
sta	(First name) (Last name that the facts on the certificate above are true under Chapter 139, 1937 Session Laws.	name)	t of my knowledge, and that is	desire to have this birth record- Language Signature  P. O. Address
sta	(First name) (Last name that the facts on the certificate above are true under Chapter 139, 1937 Session Laws.	ame)	t of my knowledge, and that is  Claime Smit  Providence of Ceta Sex	desire to have this birth record— Signature P. O. Address
sta ed	(First name) (Last name that the facts on the certificate above are true under Chapter 139, 1937 Session Laws.  Subscribed and sworn to before the control of the control o	ame) to the best	t of my knowledge, and that is  Claim! Smit  Of Ceta Sex  Notary Public.	desire to have this birth record-  Mana Signature  P. O. Address  19 44  residing at Horideul Mana
sta ed	(First name) (Last name that the facts on the certificate above are true under Chapter 139, 1937 Session Laws.  Subscribed and sworn to before the control of the control o	ame) to the best	t of my knowledge, and that is  Claim! Smit  Of Ceta Sex  Notary Public.	desire to have this birth record-  Manan Signature  P. O. Address  194  residing at Horideul, Med
sta ed	(First name) (Last name) (Last name) (Last name) (Last name) (Last name that the facts on the certificate above are true under Chapter 139, 1937 Session Laws.  Subscribed and sworn to before the this (SEAL) (Note: Perjury is punishable as a felony in Idai	day	of Ceta Sey  Notary Public, 17-514, Idaho Code Annotate	residing at Provided Address (d.) Conv. ap. 1/30/1949
sta ed	(First name) (Last name that the facts on the certificate above are true under Chapter 139, 1937 Session Laws.  Subscribed and sworn to before the control of the control o	ame) to the best	of Ceta Sey  Notary Public, 17-514, Idaho Code Annotate	desire to have this birth record-  Manay Signature  P. O. Address  194  residing at Harifful Manay Man

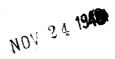
NOV 18 1948

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)



769-114 RECEIVED State File No. DE48-0955 sure the information is as of date of birth of THIS child.) Department of Commerce OF CERTIFICATE OF BIRTH COMPLETED certificate filing. No charge for f Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County LINCOLN (b) City SHOSHONE (a) State IDAHO (b) County LINCOLN (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (c) City SHOSHONE (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? (e) Mothers stay **BEFORE** delivery: In THIS county years 3. RESIDENCE OF FATHER (city, state) SHOSKON E. LDE months days 5. Date of Birth of Child (Month, day, year) MAY14 18 4. FULL NAME OF CHILD WALTER WALLACE GWIN 7. Twin or If so-born 8. No. months Sex MALE 1st, 2nd, 3rd 9. Legitimate? YES Triplet of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN NAME MANNE JANE DURFEE VILLIAM 11. Color 12. Age at time 17. Color 18. Age at time or Race WHITE of THIS birth 24 vrs. of THIS birth. IY ERCED, CALIFOR 14. Exact 20. Exact CATTLEMAN. Occupation HOUSEWIFE. Occupation.... Industry or 21. Industry or Business Business Name prophylactic used to prevent Ophthalmia Neonatorum.... Number of children of this mother: (a) At time of birth and including this child. ..... (b) Born alive and now living # ATTENDANT'S CERTIFICATE Use only BLACK ink or BLACK Record typewriter ribbon envelope bearing FIRST-CLASS postage to State Bureau ing. Each certified copy requires an advance payment (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related as..... (Mother, etc.) Attendant's M.D. Address Date **OWN** signature Midwife State of ONE GON **AFFIDAVIT** County of DESCHATES (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the Brothen of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 67 years of age, that I have known this person for years, and that (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this. Notary Public, residing at Kellus Warrell (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on..... .....Registrar



ALL 27 Est

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)



Received for filing on December 6, 1948

State File No. DE48-0991 United States (Be sure the information is as of date of birth of THIS child.) Local Reg. No..... CERTIFICATE OF BIRTH completing this certificate. Mail COMPLETED certificate Vital Statistics, Boise, Idaho, for filing. No charge for fi fifty cents, money order or coin. Department of Commerce Reg. Dist. No..... Bureau of the Census STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Bear Idaho 2 USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idahe (b) County Adams (c) City Bear ( Post office) (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: at home (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..... (e) Mothers stay BEFORE delivery: 15 years 3. RESIDENCE OF FATHER (city, state) Bear Idaho In THIS county 15 years months days 5. Date of Birth of Child Oct. 14 1891 (Month, day, year) FULL NAME Austin Tracy Robertson If so-born 8. No. months 7. Twin or 6 Sex Male 9. Legitimate? Yes 1st. 2nd. 3rd of Pregnancy Triplet FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN AND Groseclose 10. FULL Arthur Vincent Robertson NAME..... 18. Age at time 11. Color 12. Age at time 17. Color or Race White or Race white of THIS birth 23 vrs. of THIS birth 24 yrs. 13. Birthplace. Vermont Canada 19. Birthplace Boulder County Colorado (State or foreign country) (City or town) (City or town) (State or foreign country) 14. Exact 20. Exact Farmer Exact House wife Occupation FEIREL Industry or 21. Industry or Business Business Name prophylactic used to prevent Ophthalmia Neonatorum Number of children of this mother: (a) At time of birth and including this child....... (b) Born alive and now living....... only BLACK Ink or BLACK Record typewriter ribbon in slope bearing FIRST-CLASS postage to State Bureau of Each certified copy requires an advance payment of ATTENDANT'S CERTIFICATE payment (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related as....(Mother, etc.) M.D. Date 25. Attendant's Address Midwife **OWN** signature State of Idaho **AFFIDAVIT** County of Washington in Item 4, above, that I am now years of age, that I have known this person for years, and that (Mother, etc.) Mrs. Any Smith , who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Midvale Subscribed and sworn to before me that 7th day of October 19 48

(SEAL)

(Note: Perjury is punishable as felony in Idaho; see Sec. 17-914, idaho Code Motated.)

FILE # FROM 991 TO DE48-0991 1/24/13 KMC

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

т.		ed States — ertment of Co		* * * *			of date of birth of TH	is child.)		o. DE49-108
	-				•		E OF BIRTH		-	
<u> </u>	irec	ou of the Ce	nsus		11.71.01	STATE O				0
1.	(a)	Costo		ns at time of the	THE US	TER	2. USUAL RESIDE	AHO		
	(c)	) Street Add	dress or B.F	D No.	2					
				laternity Home			1	NCH - NE	•	
	•		14		<u> </u>		(d) Street Adda	ess or R.F.D. No		
	(e)	) Mothers s	ay BEFORE				(e) How long	has <b>MOTHER</b> live	d in Idaho?	
		In <b>THIS</b> co	ounty	years	months	days	3. RESIDENCE OF	F FATHER (city, sto	rte) $ID$	A HO
4.		ULL NAME F CHILD	MAUI		INA LA	FEVER		<ol><li>Date of Birth (Month, day,</li></ol>		T.24-1
ß	Se	ex Fra	1	7. Twin or Triplet		If so—born 1st, 2nd, 3rd		. months Pregnancy	9. Legit	imate? VFS
<u>u.</u>		TE/Y	FA	THER OF CHI	תו	181, 2114, 014	<u>ρ</u> , 011	MOTHER C		midle: 7 Z
10	. F	FULL 🖊			- E	~	16. FULL MAIDE			• • • • • • • • • • • • • • • • • • •
		NAME.(_)/	7 A X L E	5 L	I EYE,	<u>/</u>	NAME	<u>IALIIHA</u>		ENNIS
11	. (	Color or Race. W	HITE		.ge at time f THIS birth	8	17. Color or Race	HitK	18. Age at ti of THIS	
			C A '92		11 7 -		i .	T A	01 11115	115 1
13	5. E	Birthplace	(Cit	y or town)	(State or foreign		19. Birthplace	(City or town		te or foreign countr
14	. E	E <b>x</b> act	_	· ·	-		20. Exact			
			FAIRM	EK-LAI	TLEMAN		Occupation	HOUS	E PY 1.1	- <del> </del>
15		Industry or Business					21. Industry or Business			
							• • • • • • • • • • • • • • • • • • • •			
2.7.	. r	Name proph	relevation mond							
	. 1	Number of c					this child			
23			hildren of th	is mother: (a)	At time of birt	h and including ATTENDANT'S	this child 8	(b) Born aliv	e and now liv	ring4
23			hildren of th	is mother: (a)	At time of birt	h and including ATTENDANT'S	this child	(b) Born aliv	e and now liv	ring4
23	. I	HEREBY C	hildren of th	ds mother: (a)	At time of birth	ATTENDANT'S child, who was	this child	(b) Born aliv	e and now liv	wing
23	. I	HEREBY C	hildren of th	t I attended that	At time of birth he birth of this at personal par	ATTENDANT'S child, who was	this child	(b) Born aliv	e and now liv	wing
23	. I	HEREBY C	hildren of th	t I attended that above, and the	At time of birth he birth of this at personal par	ATTENDANT'S child, who was	this child	(b) Born aliv	e and now liv	wing
23 24	. I	I HEREBY C and at the p who is relat	hildren of th	ds mother: (a)	At time of birth he birth of this at personal par	ATTENDANT'S child, who was	this child	(b) Born aliv	e and now liv	(Last name)
23 24	. I	HEREBY C	ERTIFY Tha	t I attended that above, and the	At time of birth he birth of this at personal par	h and including ATTENDANT'S child, who was ticulars were fu	CERTIFICATE  (Born alive, rnished by	(b) Born aliv	e and now liv	(Last name)
23 24 25	v	I HEREBY Count at the purchase who is related.	ERTIFY Tha	t I attended that above, and the	At time of birth he birth of this at personal par	ATTENDANT'S child, who was ticulars were fu M.D.	CERTIFICATE  (Born alive, rnished by	(b) Born aliv	e and now liv	(Last name)
23 24 25 Ste	v A	I HEREBY Cond at the power who is related.  Attendant's OWN signated of	hildren of the ERTIFY That clace stated as	t I attended the above, and the (Mother, e	At time of birth he birth of this at personal parett.)	h and including  ATTENDANT'S child, who was ticulars were fu  M.D. Midwife	CERTIFICATE  (Born alive, rnished by	(b) Born alivestillborn  (First name)  AFFIDAVIT  In the attendant do	e and now live	(Last name)  te
23 24 25 Ste	v A	I HEREBY Cond at the power who is related.  Attendant's OWN signated of	hildren of the ERTIFY That clace stated as	t I attended the above, and the (Mother, e	At time of birth he birth of this at personal parett.)	h and including  ATTENDANT'S child, who was ticulars were fu  M.D. Midwife	CERTIFICATE  (Born alive, rnished by	(b) Born alivestillborn  (First name)  AFFIDAVIT  In the attendant do	e and now live	(Last name)  te
23 24 25 Sto	v V Cate	THEREBY Count at the power who is related.  Attendant's COWN stated of the country of the countr	hildren of the ERTIFY That clace stated as	t I attended the above, and the (Mother, of	At time of birth he birth of this at personal parectal.)  stc.)  ss.  yorn, say that I	h and including ATTENDANT'S child, who was ticulars were fu M.D. Midwife	this child	(b) Born alivestillborn)  (First name)  AFFIDAVIT In the attendant document of the person	Dar es not sign in	(Last name)  te  Item 25.) e appears in Ite
23 24 25 Sto	v V Cate	I HEREBY Cond at the power who is related.  Attendant's OWN signated of	hildren of the ERTIFY That clace stated as	t I attended the above, and the (Mother, of	he birth of this at personal parett.)  ss.  yearn, say that I	ATTENDANT'S child, who was ticulars were fu M.D. Midwife  am the	(Born alive, rnished by	(b) Born alivestillborn)  (First name)  AFFIDAVIT of the attendant downward of the person for th	Dai	(Last name)  te  Item 25.) e appears in Iteyears, and
23 24 25 Sto	v V Cate	I HEREBY Cond at the power who is related. Attendant's OWN subject of the condition of the	hildren of the ERTIFY That lace stated as	t I attended the above, and the (Mother, of	he birth of this at personal paretc.)  ss.  yorn, say that I	ATTENDANT'S child, who was ticulars were fu M.D. Midwife  am the	this child	(b) Born alivestillborn)  (First name)  AFFIDAVIT of the attendant downson for the person for th	Danger not sign in the sign whose name of S.F.D.	(Last name)  te  Item 25.) e appears in Iteyears, and
23 24 25 Sto Co	v v cate	HEREBY Cond at the power of the condition of the conditio	hildren of the ERTIFY That clace stated as were form a signed, being now	t I attended the above, and the (Mother, each and a classical	he birth of this at personal parettc.)  ss.  yorn, say that I	ATTENDANT'S child, who was ticulars were fu M.D. Midwife  am the	Address  To be completed when (Mother, etc.) I have known this pe	(b) Born alive stillborn (First name)  AFFIDAVIT of the attendant does not for the person for th	Day es not sign in on whose name  A.S.F.D.	(Last name)  te  Item 25.) e appears in Iteyears, and
23 24 25 Sta Co	v V Cate	HEREBY Common at the provided	ERTIFY That lace stated ed as	t I attended the above, and the (Mother, each and a classical	he birth of this at personal parettc.)  ss.  yorn, say that I	ATTENDANT'S child, who was ticulars were fu M.D. Midwife  am the	(Born alive, rnished by	(b) Born alive stillborn (First name)  AFFIDAVIT of the attendant does not for the person for th	Day es not sign in on whose name  A.S.F.D.	(Last name)  te  Item 25.) e appears in Iteyears, and
23 24 25 Sta Co	v V Cate	HEREBY Cond at the power of the condition of the conditio	ERTIFY That lace stated ed as	t I attended the above, and the (Mother, each and a classical	he birth of this at personal parettc.)  ss.  yorn, say that I	ATTENDANT'S child, who was ticulars were fu M.D. Midwife  am the	Address  To be completed when (Mother, etc.) I have known this pe	(b) Born alive stillborn (First name)  AFFIDAVIT of the attendant does not for the person for th	Day es not sign in on whose name  A.S.F.D.	(Last name)  te  Item 25.) e appears in Iteyears, and
23 24 25 Std. Ccc	v V Cate	HEREBY Common at the provided	ERTIFY That lace stated ed as	t I attended the above, and the (Mother, each and a classical	he birth of this at personal parettc.)  ss.  yorn, say that I	ATTENDANT'S child, who was ticulars were fu M.D. Midwife  am the	Address  To be completed when (Mother, etc.) I have known this pe	(b) Born alive stillborn (First name)  AFFIDAVIT of the attendant does not for the person for th	be and now live the state of th	(Last name)  te  Item 25.) e appears in Iteyears, and ite located) d under ChapterSign
23 24 25 Std. Ccc	ate oun I	HEREBY Count at the power who is related.  Attendant's OWN struct of the count of t	ERTIFY That lace stated as a signed, being a now have the course on the course.	t I attended the above, and the (Mother, etc.)  g first duly systemicate above.	he birth of this at personal parettc.)  ss.  yorn, say that I	ATTENDANT'S child, who was ticulars were fu M.D. Midwife  am the	Address  To be completed when (Mother, etc.) I have known this pe	(b) Born alive stillborn (First name)  AFFIDAVIT of the attendant does not for the person for th	be and now live the state of th	Lem 25.) e appears in Ite years, and located) d under Chapter
23 24 25 Std. Ccc	ate oun I	HEREBY Count at the power who is related.  Attendant's OWN struct of the count of t	ERTIFY That lace stated as a signed, being a now have the course on the course.	t I attended the above, and the (Mother, each and a classical	he birth of this at personal parettc.)  ss.  yorn, say that I	ATTENDANT'S child, who was ticulars were fu M.D. Midwife  am the	(Born alive, rnished by	(b) Born alive stillborn)  (First name)  AFFIDAVIT in the attendant document of the person for t	part sign in the state of the s	Item 25.) e appears in Item years, and in located) d under Chapter Sign Hollywood
23 24 25 Sto Co	ate oun I	HEREBY Count at the property of the under the fact that I am (First that the fact Session Law (SEAL)	ERTIFY That lace stated as a signed, being a now have the core of the core.	t I attended the above, and the (Mother, example) of the control o	At time of birth he birth of this at personal parett.)  ss.  (Last ne are true to the	M.D. Midwife  am the	(Born alive, rnished by	AFFIDAVIT  In the attendant down of the person for the screen for the screen feeting to have this that the screen feeting to have the screen feeting the s	part sign in the state of the s	Item 25.) e appears in Item years, and in located) d under Chapter Sign Hollywood
23 24 25 Std. Ccc	ate oun I	HEREBY Count at the property of the under the fact that I am (First that the fact Session Law (SEAL)	ERTIFY That lace stated as a signed, being a now have the core of the core.	t I attended the above, and the (Mother, example) of the control o	At time of birth he birth of this at personal parett.)  ss.  (Last ne are true to the	M.D. Midwife  am the	(Born alive, rnished by	AFFIDAVIT  In the attendant down of the person for the screen for the screen feeting to have this that the screen feeting to have the screen feeting the s	part sign in the state of the s	Item 25.) e appears in Item years, and in located) d under Chapter Sign Hollywood

FILE # FROM 1080 TO DE49-1080 2/1/13 KMC

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

415-224-029-214 PECFIVED Department of Commerce 1 7 (Beffare the information is as of date of birth of THIS child.) State File No. DE49-1087 Department of Commence OF VITAL CERTIFICATE OF BIRTH Bureau of the Century 12 10 N OF VITAL STATE OF IDAHO Local Reg. No..... completing this certificate. Mail COMPLETED certificate Vital Statistics, Boise, Idaho, for filing. No charge for f Reg. Dist. No..... 1. PLACE OF BIRTH (APricents at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Latah (b) City Genesee (b) County Latah Idaho (a) State.... (c) City: Genesee (c) Street Address or R.F.D. No. NO. (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. none (e) How long has MOTHER lived in Idaho? 8 vrs. (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) Genesee. Ida. In THIS county vears months davs 5. Date of Birth of Child Nov. 24, 1891 4. FULL NAME Emma Martha Manderfeld OF CHILD.... 7. Twin or If so-born 8. No. months 6 Sex Female 9. Legitimate? Yes Triplet 1st. 2nd. 3rd of Pregnancy FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Clara Baumgartner 10. FULL Hubert H. Manderfeldld or Race White 12. Age at time 17. Color 18. Age at time of THIS birth 26 yrs. or Race White of THIS birth 21 vrs. 13. Birthplace New Ulm, Minnesota U.S.A 19. Birthplace New Ulm. Minnesota (City or town) (State or foreign country) (City or town) (State or foreign country) 14. Exact 20. Exact Occupation Housewife Occupation Farmer Industry or 21. Industry or Business Business Name prophylactic used to prevent Ophthalmia Neonatorum Use only BLACK lak or BLACK Record typewriter ribbon in envelope bearing FIRST-CLASS postage to State Bureau of ing. Each certified copy fequires an advance payment of ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... who is related as..... (Mother, etc.) Attendant's M.D. Address Date **OWN** signature Midwife State of Idaho **AFFIDAVIT** County of Latah (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 70 years of age, that I have known this person for 57 years, and that Mrs. Taresa Kambitsch , who attended this birth Now Deceased I further (Is now deceased) or (Cannot be located) (First name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Genesee, Idaho P. O. Address December .....day of..... Subscribed and sworn to before me this (SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

# JAN 17 1949

FILE # FROM 1087 TO DE49-1087 2/4/13 KMC

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

יע	nited States epartment of Commerce ureau of the Census	of date of birth of THIS child.)	State File No. DE49-1166 Local Reg. No.
Bı	ureau of the Cerisus OF VITAL STATE O	FIDANO	Reg. Dist. No
1	PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MO	
	(a) County Bear Lake (b) City Paris		
	(c) Street Address or R.F.D. No.		(b) County Bear La
		_	
	(d) Name of Hospital or Maternity Home:	(d) Street Address or R.F.I	D. No
	(-) N	(e) How long has <b>MOTHE</b>	R lived in Idaho?]yrs.
	(e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county 1 years months days	3. RESIDENCE OF FATHER (	otty state) Paris. Tda
U. D. Bi 1	PILL MANY	5. Date of Birth	of Child
. 7.	Freds H. Schmid	(Month. day	r, year)Oct31891
ă	7. Twin or If so—born	8. No. months	•
86	Sex Female Triplet 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? Yes
5	FATHER OF CHILD	MOTHER	
<b>5</b> 10	NAME Charles Schmid	16. FULL MAIDEN Eliza	Von Allman
order 11	1 Colon 19 Ago at time	17 Color	18 Age of time
	or RaceWhite 12. Age at time of THIS birth27yrs.	or Race white	of THIS birth22yrs.
Aeuou 13	ì		
Š r	3. Birthplace Freinenstine, Switzerland (City or town) (State or foreign country)	19. BirthplaceDientig	(State or foreign country) 1 -
	1 Evect	20 Event	
ŧ.	Occupation Tailor	Occupation HOUSEW	ife
<b>5</b> 15	5. Industry or	21. Industry or	
<u>.</u>	Business	Business	
7 <u>~</u>	3. Number of children of this mother: (a) At time of birth a		Sorn alive and now living
0 -	ATTENDANT'S 4. I HEREBY CERTIFY That I attended the birth of this child,	CERTIFICATE who was(Born alive, stillborn)	at
0 -	ATTENDANTS	CERTIFICATE  who was	at
0 -	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula	CERTIFICATE who was(Born alive, stillborn)	at
0 -	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as	CERTIFICATE  who was	at
o pament or 24	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as(Mother, etc.)	CERTIFICATE  who was	at
o pament or 24	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as(Mother, etc.)	CERTIFICATE who was(Born alive, stillborn) rs were furnished by(First nam	
o tuemyod esmyot	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as.  (Mother, etc.)  Attendant's M.D. OWN signature Midwife	CERTIFICATE  who was	
o tuemkod esament u	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as	CERTIFICATE  who was	.at
o tuemkod esament u	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as	CERTIFICATE  who was	Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Date  Output  Date  Date  Output  Date  Date  Output  Date  Date  Date  Date
o tuemyod esandon and seui	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as (Mother, etc.)  5. Attendant's M.D. Midwife tate of Idaho bounty of Bear Lake I, the undersigned, being first duly sworn, say that I am the	CERTIFICATE  who was	Date  NIT  Contained and now living
o tuemyod esandon and seui	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as	CERTIFICATE  who was	Date  Output  Date  Date  Output  Date  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Output  Date  Date  Output  Date  Date  Output  Date  Date  Output  Date  Date  Date  Output  Date
o tuemyod esandon and seui	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as (Mother, etc.)  5. Attendant's M.D. Midwife tate of Idaho sounty of Bear Lake I, the undersigned, being first duly sworn, say that I am the I Item 4, above, that I am now 73 years of age, that Emmaline Rich	CERTIFICATE  who was	Date  Outline  Date  Outline  Outline  Date  Date  Outline  Date
o tuemwod enmand na serinber region in	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as  (Mother, etc.)  5. Attendant's M.D. Midwife tate of Idaho unity of Bear Lake  I, the undersigned, being first duly sworn, say that I am the Item 4, above, that I am now 7.3 years of age, that Emmaline Rich  (First name) (Last name)	CERTIFICATE  who was	Date  VIT lant does not sign in Item 25.) te person whose name appears 57years, and that OW deceased I further ed) or (Cannot be located)
o tuemwod enmand na serinber region in	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as (Mother, etc.)  5. Attendant's M.D. Midwife tate of Idaho Sounty of Bear Lake I, the undersigned, being first duly sworn, say that I am the I Item 4, above, that I am now 7.3 years of age, that Emmaline Rich  (First name) (Last name) (Last name) attention the facts on the certificate above are true to the be	CERTIFICATE  who was	Date  Ow deceased I further ed) or (Cannot be located) esire to have this birth record-
o tuemwod enmand na serinber region in	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as (Mother, etc.)  5. Attendant's M.D. Midwife tate of Idaho Sounty of Bear Lake I, the undersigned, being first duly sworn, say that I am the I Item 4, above, that I am now 7.3 years of age, that Emmaline Rich  (First name) (Last name) (Last name) attention the facts on the certificate above are true to the be	CERTIFICATE  who was  (Born alive, stillborn)  rs were furnished by  (First name)  Address  AFFIDA  (To be completed when the attence of the complete of the c	Date  OW decessed I further ed) or (Cannot be located)  Signature  Signature  Signature
o tuemwod enmand no serinber kdo	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as (Mother, etc.)  5. Attendant's M.D. Midwife tate of Idaho Sounty of Bear Lake I, the undersigned, being first duly sworn, say that I am the I Item 4, above, that I am now 7.3 years of age, that Emmaline Rich  (First name) (Last name) (Last name) attention the facts on the certificate above are true to the be	CERTIFICATE  who was  (Born alive, stillborn)  rs were furnished by  (First name)  Address  AFFIDA  (To be completed when the attence of the complete of the c	Date  OW decessed I further ed) or (Cannot be located)  Signature  Signature  Signature
o tuemwod enmand no serinber kdo	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as.  (Mother, etc.)  Attendant's M.D. Midwife tate of Idaho ounty of Bear Lake  I, the undersigned, being first duly sworn, say that I am the latter 4, above, that I am now	CERTIFICATE  who was	Date  VIT dant does not sign in Item 25.) te person whose name appears 57years, and that OW deceased I further ed) or (Cannot be located) esire to have this birth record- Signature P. O. Address
copy requires an advance payment of St. St. St. St. St. St. St. St. St. St.	ATTENDANT'S  I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as.  (Mother, etc.)  Attendant's M.D. Midwife tate of Idaho ounty of Bear Lake  I, the undersigned, being first duly sworn, say that I am the latter 4, above, that I am now	CERTIFICATE  who was	Date  VIT dant does not sign in Item 25.) te person whose name appears 57years, and that OW deceased I further ed) or (Cannot be located) esire to have this birth record- Signature P. O. Address
o tuemwod enmand no serinber kdo	ATTENDANT'S  4. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particula who is related as (Mother, etc.)  5. Attendant's M.D. Midwife tate of Idaho Sounty of Bear Lake I, the undersigned, being first duly sworn, say that I am the I Item 4, above, that I am now 7.3 years of age, that Emmaline Rich  (First name) (Last name) (Last name) attention the facts on the certificate above are true to the be	CERTIFICATE  who was	Date  VIT dant does not sign in Item 25.) te person whose name appears 57years, and that OW deceased I further ed) or (Cannot be located) esire to have this birth record- Signature P. O. Address

FILE # FROM 1166 TO DE49-1166 2/8/13 KMC

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

United States

Department of Commerce 11/1/2 | Size Sure the information is as of date of birth of THIS child.)

Bureau of the Census State File No. DE49-1178 Department of Commerce 11/ 6 1 83 CERTIFICATE OF BIRTH
Bureau of the Census STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

2. USUAL RESI Local Reg. No..... COMPLETED certificate filling. No charge for f Reg. Dist. No..... 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Bonner (B) City Granite (a) State......<u>Idaho</u>..... (b) County..... (c) Street Address or R.F.D. No. none (c) City Granite (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No......none none at home (e) How long has MOTHER lived in Idaho?..3.0.....vrs. (e) Mothers stay BEFORE delivery: none 3. RESIDENCE OF FATHER (city, state) Granite. Ida davs In THIS county years months 5. Date of Birth of Child (Month, day, year) Aug 17, 1891 4. FULL NAME TEXXIAn Henry Harvey Huskey OF CHILD ..... If so-born 8. No. months 7. Twin or 6 Sex male of Pregnancy 9m0s9. Legitimate? yes 1st, 2nd, 3rd Triplet no none completing this certificate. N Vital Statistics, Boise, Idaho, MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN 10. NAME Annie Nightengale NAME Joseph Huskey 18. Age at time of THIS birth...l.f....yrs. 12. Age at time 17. Color Color or Race White of THIS birth....22 ... vrs. or Race White 19. Birthplace Pensilvania USA Birthplace Austria, Hungary (State or foreign country) (City or town) (State or foreign country) (City or town) 20. Exact 14. Exact Occupation none Occupation Logger 21. Industry or Industry or none logging in the woods Business Business Name prophylactic used to prevent Ophthalmia Neonatorum...... ATTENDANT'S CERTIFICATE powriter ribbon to State Bureau see payment (Born alive, stillborn) who is related as..... (Mother, etc.) M.D. Address Date 25. Attendant's Midwife OWN signature AFFIDAVIT (To be completed when the attendant does not sign in Item 25.) in Item 4, above, that I am now.....66......years of age, that I have known this person for..................years, and that state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Januallan Hay P. O. Address Notary Public, residing at Palouse. Wash.

Received for filing on Teb. 19, 1949

(Note: Perjury is punishable as a felony in Idahe; see Sep. 27-914, Idaho Code Annotated.)

LACK

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MAR 27 1951

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Bonne

432 - 207-028-296 State File No. DE49-1227 (Becarie the information is as of date of birth of THIS child.) United States Department of Commerce Bureau of the Census VICIOIN OF VITAL CERTIFICATE OF BIRTH Local Reg. No..... Reg. Dist. No..... 1. PLACE OF BIRTH (AI 2. USUAL RESIDENCE OF MOTHER (At time of this birth) time of this birth (b) City Jon Double (a) County..... (a) State (b) County (c) Street Address or R.F.D. No. 7 (c) City..... COMPLETED (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?....yrs. (e) Mothers stay BEFORE delivery: In THIS county months days 3. RESIDENCE OF FATHER (city, state) vears 5. Date of Birth of Child FULL NAME (Month, day, year)..... OF CHILD Twin or If so-born 8. No. months Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate? MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN NAME. Color 17. Color 18. Age at time of THIS\_birth. of THIS birth. or Race. (State on foreign country) (State or foreign country) Exact 20. Exact 14. Occupation..... Occupation... Industry or 21. Industry or **Business Business** 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... Number of children of this mother: (a) At time of birth and including this child... (b) Born alive and now living...? ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_\_at \_\_\_\_M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... who is related as..... (Mother, etc.) M.D. Address Date 25. Attendant's **OWN** signature Midwife State of California **AFFIDAVIT** County of Los Angeles (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears (Mother, etc.) years of age, that I have known this person for. in Item 4, above, that I am now .... .....vears, and that wos who attended this birth 12 deceased I further (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Signature: Subscribed and sworn to before me th Music Public, residing at Santa (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Registrar Received for filing on.....

MAR 8 1949

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)



Department of Commerce Bureau of the Census	CERTIFICATE OF 1		lid) State File No.DE49-12 Local Reg. No
1. PLACE OF BIRTH (All items at tim  (a) County Bingham (b) (c) Street Address or R.F.D. No  (d) Name of Hospital or Maternity at farm home  (e) Mother's stay BEFORE delivery: IN THIS county 1 years	y Home:	(a) StateIdaho (c) CityBlack: (d) Street Address or (e) How long has MC	MOTHER (At time of this birt
4. FULL NAME Zada Belle		5. Date o	f Birth of Child h, day, year)J.111y8,18
6. Sex Female 7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnac	9 9. Legitimate? ye
14. Exact Farmer Occupation Farmer 15. Industry or Business Farming	THIS birth 35 yrs.  (State or foreign country)	20. Exact Occupation House 21. Industry or	of THIS birth 33 Illinois
			***************************************
<ul><li>23. Number of children of this mother</li><li>24. I HEREBY CERTIFY That I att</li></ul>	r: (a) At time of birth and ir ATTENDANT'S Cl ended the birth of this child,	ertificate who was	(b) Born alive and now livingat
23. Number of children of this mother  24. I HEREBY CERTIFY That I att  and at the place stated above, an related to this child as	r: (a) At time of birth and ir  ATTENDANT'S Cl ended the birth of this child, d that personal particulars w  Mother, etc.)	ertificate who was	(b) Born alive and now livingat
<ul> <li>23. Number of children of this mother</li> <li>24. I HEREBY CERTIFY That I att and at the place stated above, an related to this child as</li></ul>	ATTENDANT'S CI ended the birth of this child, d that personal particulars w  Mother, etc.)  M.D.  Midwife	ertificate who was	(b) Born alive and now livingat
23. Number of children of this mother  24. I HEREBY CERTIFY That I att  and at the place stated above, an related to this child as  25. Attendant's  OWN signature  State of	r: (a) At time of birth and ir  ATTENDANT'S Cl ended the birth of this child, d that personal particulars w  Mother, etc.)  M.D. Midwife	recluding this child	(b) Born alive and now living
23. Number of children of this mother  24. I HEREBY CERTIFY That I att  and at the place stated above, an related to this child as	ATTENDANT'S Cleended the birth of this child, defined that personal particulars we make the company of the company of the child, defined that personal particulars we make the company of	reluding this child	(b) Born alive and now living
23. Number of children of this mother  24. I HEREBY CERTIFY That I att  and at the place stated above, an related to this child as	ATTENDANT'S Cleended the birth of this child, defined that personal particulars we mother, etc.)  M.D. Midwife  SS. AFI  Sy sworn, say that I am the second age, that second age, that it rue to the best of my known at the mame)  The this second agy of sec	reluding this child	(b) Born alive and now living

197.

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

559-202-029 ERCEIVED	<del>-</del>	
United States  APR 7 (Besufe the information is as of Department of Commerce OF VITAL CERTIFICATE Bureau of the Census  STATE OF	OF BIRTH	State File NoDE49-1321 Local Reg. NoReg. Dist. No
1. PLACE OF BIRTH (All items at time of this birth)  (a) County	2. USUAL RESIDENCE OF MO  (a) State Idaho  (c) City 12 miles from  (d) Street Address or R.F.I.  (e) How long has MOTHE  3. RESIDENCE OF FATHER (of  (Month, day)  8. No. months of Pregnancy of Pregnancy of Pregnancy of Pregnancy of Pregnancy of NAME  17. Color or Race White	THER (At time of this birth)  (b) County
13. Birthplace (City or town) (State or foreign country)  14. Exact Occupation Tarrick  15. Industry or Business  22. Name prophylactic used to prevent Ophthalmia Neonatorum	19. Birthplace City or town)  20. Exact Occupation	State or foreign country)
23. Number of children of this mother: (a) At time of birth an  ATTENDANT'S  24. I HEREBY CERTIFY That I attended the birth of this child, and at the place stated above, and that personal particular	d including this child	atM. on the date
who is related as	(First name	
25. Attendant's M.D. A OWN signature Midwife	Address	Date
State of Tdaho	AFFIDA To be completed when the attend	ant does not sign in Item 25.)
in Item 4, above, that I am now years of age, that Don't Yemember Name (Last name)  (First name)  state that the facts on the certificate above are true to the besed under Chapter 139, 1937 Session Laws.	who attended this birth(Is now decease to f my knowledge, and that I de	I further ed) or (Cannot be located) sire to have this birth record—Signature  P. O. Address
Subscribed and sworn to before me this day  (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec	of Notary Public, res. 17-914, Idaho Code Annotated.)	
C. 1 1 10 10	w when	Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate tenvelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filting. Each certified copy requires an advance payment of fifty cents, money order or coin.

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

State File No DE49-1409 United States (Be sure the information is as of date of birth of THIS child.) Local Reg. No..... COMPLETED certificate filing. No charge for f Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Plaine (b) City Soldier (a) State Idaho (b) County Blaine (c) Street Address or R.F.D. No..... (c) City Soldier (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... At Farm Home (e) How long has MOTHER lived in Idaho? 5....vrs. (e) Mothers stay **BEFORE** delivery: In THIS county years 3. RESIDENCE OF FATHER (city, state) soldier Idaho months days 4. FULL NAME OF CHILD Alliam Lyman Phillips 5. Date of Birth of Child (Month, day, year) Nov. 16 1891 7. Twin or If so-born 8. No. months 6 Sex Male completing this certificate. N Vital Statistics, Boise, Idabo, Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate? Ves FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME Burton Robert Phillips NAME Sarah Severe 12. Age at time of THIS birth 22 yrs. Color or Race White 17. Color 18. Age at time of THIS birth 20 vrs. or Race White 13. Birthplace Arkansaw (State or foreign country) 19. Birthplace Utah (City or town) (State or foreign country) 14. Exact 20. Exact Occupation Housewife Occupation Parmer Industry or 21. Industry or Business Business Farming Farmer Name prophylactic used to prevent Ophthalmia Neonatorum. Number of children of this mother: (a) At time of birth and including this child...3.... (b) Born alive and now living4..... Use only BLACK Ink or BLACK Record typewriter ribbon in envelope bearing FIRST-CLASS postage to State Bureau of ing. Each certified copy requires an advance payment of ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related as..... (Mother, etc.) Attendant's M.D. Address Date **OWN** signature Midwife State of Idaho **AFFIDAVIT** County of Gooding (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the \_\_\_\_Aun to \_\_\_\_\_\_of the person whose name appears (Mother, etc.) in Item 4. above, that I am now years of age, that I have known this person for 6 7 years, and that (Last name) (First name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Gooding Idaho P. O. Address April 19 49 Subscribed and sworn to before methis. (SEAL)
(Note: Perjury is punishable as a felony in Maho, see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at Gooding 

FILE # FROM 1409 TO DE49-1409 11/12/2013-LLE MAY 6 1949

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

814-130-02 RECEN State File No. DE49-1419 MAY 9 (Be sure the information is as of date of birth of THIS child.) United States Local Reg. No..... Department of Commerce OF VITAL CERTIFICATE OF BIRTH COMPLETED certificate filing. No charge for i Reg. Dist. No..... Bureau of the Census STATE OF IDAHO 1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah
(b) City Vollmer(Troy 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County Latah (c) City. Vollmer (Troy) (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... born in own home (e) How long has MOTHER lived in Idaho? 10 vrs. (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years - months - days 3. RESIDENCE OF FATHER (city, state) Vollmer(Troy)Ida. 5. Date of Birth of Child Nov. 30, 1891 4. FULL NAME of CHILD Herbert Marsex Hamlin Jr. 7. Twin or If so-born 8. No. months of Pregnancy 9- 9. Legitimate? yes 6 Sex male Triplet 1st. 2nd. 3rd completing this certificate. N Vital Statistics, Boise, Idaho, MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN Annie Wood 10. FULL NAME Herbert Morse Hamlin NAME..... 18. Age at time 12. Age at time 17. Color 11. Color of THIS birth 20 vrs. of THIS birth 30 yrs. or Race White white or Race...... 13. Birthplace (?) 19. Birthplace Eugene Oregon Michigan (State or foreign country) (City or town) (City or town) (State or foreign country) 20 Exact Exact Occupation Owned and operated a bar Occupation Housewife 21. Industry or Industry or Business Business ATTENDANT'S CERTIFICATE BLACK Ink or BLACK Record typewriter ribbon bearing FIRST-CLASS postage to State Bureau h certified copy remites and (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) Date 25. Attendant's M.D. Address Midwife OWN signature State of Washington **AFFIDAVIT** (To be completed when the attendant does not sign in Item 25.) County of Spokane I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears (Mother, etc.) in Item 4, above, that I am now. 75 years of age, that I have known this person for 58 years, and that Blake who attended this birth is now deceased I further Dr. Henry (Is now deceased) or (Cannot be located) (Last name) (First name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Z, Signature Mrs dola 15-Opportunity, Washington P. Q. Address , Notary Public, residing at 10; see Sec. 17-914, Idaho Code Apportated Subscribed and sworn to before me this..... (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on.....

MAY 8 1948 APR 0 7 2015

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

386-213-0416-816 State File No. DE49-1471 MAY  $20^{10}$  sure the information is as of date of birth of THIS child.) United States CERTIFICATE OF BIRTH Local Reg. No..... Department of Commerce, OF VITAL COMPLETED certificate filling. No charge for i Bureau of the Census Reg. Dist. No..... STATE OF IDAHO 2. USUAL RESIDENCE OF MOTHER (At time of this birth) 1. PLACE OF BIRTH (All items at time of this birth) (a) State (b) County (a) County Con the (b) City D acon (c) Street Address or R.F.D. No..... (c) City Dakes (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? 2.0 vrs. (e) Mothers stay **BEFORE** delivery: 3. RESIDENCE OF FATHER (city, state) days In THIS county years months 5. Date of Birth of Child 4. FULL NAME OF CHILD ..... 7. Twin or If so-born 8. No. months of Pregnancy 9 9. Legitimate? Triplet 1st, 2nd, 3rd MOTHER OF CHILD FATHER OF CHILD 16. FULL MAIDEN 10. FULL NAME. NAME..... 18. Age at time 12. Age at time 17. Color Color or Race of THIS birth or Race.... 19. Birthplace.... Birthplace. V2 completing this (State or foreign country) (State or foreign country) City or town) 20. Exact 14. Exact Occupation..... Occupation..... 21. Industry or Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child....... (b) Born alive and now living........ ATTENDANT'S CERTIFICATE (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) who is related as..... (Mother, etc.) Date M.D. Address Attendant's Midwife **OWN** signature State of WYOMING **AFFIDAVIT** (To be completed when the attendant does not sign in Item 25.) County of Big HoRN I, the undersigned, being first duly sworn, say that I am the COUSIN of the person whose name appears (Mother, etc.) in Item 4, above, that I am now years of age, that I have known this person for years, and that (Last name) (Is now deceased) or (Gannot be beated) (First name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. .....Signature BURLINGTON WYOMING P. O. Address Subscribed and sworn to before me t (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code and otated.) Received for filing on 11 044

MAY 20 1949

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Bur	epartment of Commerce VIII.	TIPICATE (			j. Ño No
	PLACE OF BIRTH (All items at time of this birth)		2. DEUAL RESIDENCE C		f this birth)
(	(a) County Clas (b) City Court		(a) State Hah	(b) Count	y waa
	(c) Street Address or R.F.D. No. Unknown		(c) City Bor	ec.	
1	(d) Name of Hospital or Maternity Home:		(d) Street Address or I	R.F.D. No. Unk	more
			(e) How long has MC		Dec Nother
	(e) Mothers stay <b>BEFORE</b> delivery: In <b>THIS</b> county	days	3. RESIDENCE OF FATHI		rise Id
	FULL NAME BOYNE TRANSPORT	++		te of Birth of Child	0
1	01 011110	***************************************		onth, day, year)	June 1
6.		soborn t, 2nd, 3rd	8. No. months of Pregnan		Legitimate?
	FATHER OF CHILD	1	1	MOTHER OF CHILD	1
10.	1. FULL Robert Franklen Grant		16. FULL MAIDEN	of man	Burton
11	C-1 A 10 Are at time		NAME	18. Age	at time
11.	or Race american of THIS birth 36	yrs.	17. Color or Race america	n of TI	HIS birth
13.	3. Birthplace New Lexing ton Chio		19. Birthplace / Slo	omfield	Jowa
1.4	(City or town) (State or foreign cou		20. Exact	· ·	(State or foreign co
14.	! Exact Occupation Carpenter		Occupation	rusewife	
15.	. Industry or	ŀ	21. Industry or		
	Business		Business		
22	2. Name prophylactic used to prevent Ophthalmia Neonatoru	ım	en Known		
<i>D</i> .			~		•
23.	3. Number of children of this mother: (a) At time of birth and	d including thi	is child $5$ (b	Born alive and nov	w living
23.	3. Number of children of this mother: (a) At time of birth and ATT	d including thi FENDANT'S CI	is child(b ERTIFICATE		
23.	3. Number of children of this mother: (a) At time of birth and	d including thi FENDANT'S CI	is child	at	
23.	3. Number of children of this mother: (a) At time of birth and  ATT  4. I HEREBY CERTIFY That I attended the birth of this child	d including thing the rendant's CI l, who was	is child	at	M. on
23.	ATT  1. I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular.	d including thing the rendant's CI l, who was	is child	at	M. on
23. 24.	ATT  I HEREBY CERTIFY That I attended the birth of this child and at the place stated above, and that personal particular who is related as(Mother, etc.)	d including thing thing the rendant's CI of the last o	(Born alive, stillborn) shed by(F	at	(Last name)
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JUL 1 5 1966

FILE # FROM 1994 TO DE49-1994 12/3/2013-LLE

### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

165-103-045-255

NOV 2 1(4949e the information is as of date of birth of THIS child.) State File No DE49-2058 United States Department of Commerce

Bureau of the Census

STATE OF IDAHO

STATE OF IDAHO COMPLETED certificate filing. No charge for f Local Reg. No..... STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (Air tems at time of this birth)
(a) County Alturas
(b) City Antelope Creek 2 USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) CountyAlturas (c) Street Address or R.F.D. No. (c) City Stock Ranch on Antelone Creek (d) Name of Hospital or Maternity Home:
Stock Ranch (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? 29 yrs. (e) Mothers stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) Antelope Creek In THIS county 6 years months days 4. FULL NAME 5. Date of Birth of Child OF CHILD James Arthur Jones (Month, day, year). November 3.1891 completing this certificate. Mail Vital Statistics, Boise, Idaho, for 7. Twin or If so-born 8. No. months Sex Triplet no 1st. 2nd. 3rd of Pregnancy 9. Legitimate? order or FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN Sarah Helen Beetham 10. FULL NAME Wiley Jones 18. Age at time 11. Color 12. Age at time 17. Color of THIS birth 49 vrs. or Race white of THIS birth 29 yrs. or Race..... cents, money Sanduskey, Ohio. Landcaster, Missouri. 19. Birthplace..... 13. Birthplace..... (City or town) (State or foreign country) (City or town) (State or foreign country) Exact Exact Rancher housewife. Occupation..... Occupation..... Industry or 21. Industry or housewife Farmer & Livestock Business Business Record typewriter ribbon in postage to State Bureau of ATTENDANT'S CERTIFICATE advance payment 24. I HEREBY CERTIFY That I attended the birth of this child, who was \_\_\_\_alive \_\_\_\_at \_\_\_\_M. on the date and at the place stated above, and that personal particulars were furnished by Sarah H. Jones (First name) (Last name) who is related as Mother (Mother, etc.) Date M.D. Address 25. Attendant's Midwife **OWN** signature State of Idaho ss. **AFFIDAVIT** County of Butte (To be completed when the attendant does not sign in Item 25.) copy requires I, the undersigned, being first duly sworn, say that I am the \_\_\_\_\_\_\_of the person whose name appears (Mother, etc.) in Item 4, above, that I am now 87 years of age, that I have known this person for all his lifeyears, and that Mrs Richardson who attended this birth now deceased I further (Last name) (Is now deceased) or (Cannot be located) (First name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-

envelope bearing FIRST-CLASS in Each certified copy variation ed under Chapter 139, 1937 Session Laws. Signature Mackay Idaho. P. O. Address Subscribed and sworn to before me this 17th day of November , 1949

(SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 

MON 55 100

### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

217-125-004-764

Mail COMPLETED certificate

filing.

completing this Vital Statistics.

typewriter ribbon e to State Bureau

BLACK INK or BLACK bearing FIRST-CLASS

BLACK Ink

DEC 2 1 1949 (Be sure the information is as of date of birth of THIS child.) State File No.DE49-2142 United States Department of Commission OF VITAL CERTIFICATE OF BIRTH Local Reg. No..... Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County...Bear, Lake (b) City. Montpelier (a) State Idaho (b) County Bear Lake (c) Street Address or R.F.D. No....none (c) City Montpelier (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No. none born at home (e) How long has MOTHER lived in Idaho? 4.3/4vrs. (e) Mothers stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) Montpelier In THIS county 4 9 months vears days 4. FULL NAME 5. Date of Birth of Child William Lester Bagley (Month, day, year) Aug. 25, 1891 OF CHILD..... If so-born 8. No. months Twin or of Pregnancy 9 no 1st. 2nd. 3rd 9. Legitimate? ves 6 Sex Triplet FATHER OF CHILD MOTHER OF CHILD 16. FULL MAIDEN 10. FULL NAME William Bagley NAME Eliza Jane Godfrey 12. Age at time 18. Age at time 17. Color 11. Color or Race white of THIS birth 28 yrs. of THIS birth. 19. yrs. or Race White Birthplace Glasgow, Scotland 13. Birthplace Nottingham, England (State or foreign country) (City or town) (State or foreign country) (City or town) Exact Occupation none Occupation rancher Industry or 21. Industry or ranching Business **Business** none Name prophylactic used to prevent Ophthalmia Neonatorum unknown ATTENDANT'S CERTIFICATE payment (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... who is related as..... (Mother, etc.) Date Address M.D. Attendant's Midwife **OWN** signature State of Wyoming **AFFIDAVIT** County of Laramie (To be completed when the attendant does not sign in Item 25.) (Mother, etc.) in Item 4, above, that I am now years of age, that I have known this person for 77 years, and that Elizabeth Bridges, midwife, who attended this birth is now deceased. I further (Is now deceased) or (Cannot be located) (Last name) (First name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Dag Lug Signature My Commission expires May 7, 1891 411 W. 4th Ave Chevenne, Wyoming P. O. Address Subscribed and sworn to before me this 19th day of December 19.49

(SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on Desembly 31,1949 by

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

REGI STRANT	1. Registrant≷	FAIT Name at			12	. Da	te	Reg. Di	(da		(year)
(Person whose	Thomas	Charles Wa	slev			0		April	8		L891
Birth is being registered)	3. Color or Rewhite		5. Place o	f Birth a.County Bingham				city or Town Blackfoot		rth	
FATHER	6. Full Name o		1	22.0	7	. St	ate o	r Country of		r's Bir	th
10.T.I.P.D.	Thomas W	asley				P]	ymo	uth, Engla	nd		<del> </del>
10THER	(m)				9			r Country of		r's Bir	i n
AFFIDAVIT	Katherin I hereby decla above statemen best of my kno	ts are true to	hat the 11 the ief.	nomae Rules U	la	_	111	uth, Engla Present Add	lreas,	Regis	strant Ja
IOTARY (Seal)	Subscribed and	sworn to befo		2. Signature of Notary			13	. Notary Comm	issio	n expire	)S
	January 14	t <b>h</b>	19_50_	Elizalette J. Or	H.	•		warch 6	th	15	52_
SUPPORTING	Type of Docume	nt	APPLICANT	DO NOT WRITE BELOW THIS By whom issued and signed.	LIN	E		Date Issued	Da	te Oria	Entry
ECORD 1-	Baptismal Record			W. H. Hertzog, Mini Methodist-Episcopal	.st	e <b>r</b> huro	•h	1-4-1950	ļ	ov. 29	
	Date of Birth			Full Name of Mother				Name of Fath		· • • - / <u>/</u>	
:lass*B	April 8,18	1 Blackí	oot	Katherine Wasley	-			Thomas	Wael	OTT	
UPPORTING	Type of Docume			By whom issued and signed				Date issued	Da	to Orig.	Entry
RECORD 2-	School	Record		Mary Farris, Secretary Blackfoot High School				11-30-191	19   9	<b>-1-1</b> 90	)3
T)	Date of Birth Birth Place			Full Name of Mother			Name of Father				
classB•	4-8-1891	Blackfoot	į	Katherine Wasley	r			Thomas	. Was	lev	
SUPPORTING	Type of Docume	nt		By whom issued and signed			Date issued	Da	te Öria.	Entry	
RECORD 3-	Marine Discharge Papers			Col. Geo. VanOrden U.S. Marine Corp.			8-11-1919 of enlis		918		
R	Date of Birth Birth Place			Full Name of Mother			Name of Father				
classB	4-8-1891 Blackfoot			Katherine Wasley			Thomas Wasley				
WALIFYING NFORMATION				intonot tillo was beg							
								<del>.</del> .			
REGISTRAR'S CERTIFICATION (Seal)		that document		rtificate has been found i e has been reviewed, which							
(364)	State Registra	5		Evidence reviewed by						Filed	
	10 1.1	Senson	•	La man M.	L	2	. 1	den	1.	-16-	1950

50-A TO DESO-0004 12/10/2013-LCB 3 FACH TITES GRYALED STATE IF THAT'S The state of the s Managers Established Aguston, The Lond The first of the second of the wasters color for a section earch 6th #52 GZ \*3 Carlo Carrier State . Phomes Markey. A CAR T SHIPP TO PARTY OF THE STATE OF T84.58 1 Thomas Wasley Valet animulita - Yours Wasloy velace entraided.

819-128-029-23 DELAYED CERTIFICATE OF BIRTH Bepartment of Public Health State File No. De 50-56 STATE OF IDAHO Local Reg. No.\_\_\_\_\_ Division of Vital Statistics Boise, idaho Reg. Dist. No.\_\_\_\_\_ 1. Registrant's Full Name at Birth 2. Date (month) (day) REGISTRANT (vear) 0f (Person whose Birth August 28, 1891 Jay Robert Harbour Rirth is being 3. Color or Race 4. Sex b. City or Town of Birth 5. Place of Birth registered) a. County White Male Tdaho Latah Moscow (Rural) 6. Full Name of Father 7. State or Country of Father's Birth FATHER Marion Smith Harbour A. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Mary Elizabeth Bell Iowa 11. Present Address of Registrant I hereby declare upon oath that the 10. Signature of Registrant **AFFIDAVIT** above statements are true to the best of my knowledge and belief. 123 Acacia Ave., Monrovia, Subscribed and sworn to before me on 12. Sygnature of Notary 13. Notary Commission expires NOTARY (Seal) March 24, 1950 October 9, 19 50. APPLICANT -- DO NOT WRITE BELOW THIS LINE By whom issued and signed Date issued Date Orig. Entry Type of Document SUPPORTING RECORD 1. Application for Account No. U. S. Social Security Board 2/4/37 2/4/37 U.S. Social Security Act
Date of Birth Birth Place Full Name of Mother Name of Father Class\*\_ B 8/28/1891 | Moscow, Idaho Mary E. Bell Marion Harbour By whom issued and signed Date issued Date Orig. Entry SUPPORTING Type of Document RECORD & Insurance Policy C. S. Lindberg 10-1-35 10-1-35 Name of Father Date of Birth Birth Place Full Name of Mother В 8/28/1891 Idaho Class Date Orig. Entry Date issued Type of Document By whom issued and signed SUPPORTING RECORD 3. 6/16/44 4/16/22 Birth Certificate of Child S. A. Marsden, M. D. Name of Father Date of Birth Birth Place Full Name of Mother Age on 4/16/44 Tdaho Class B was 30 yrs. **OUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Date Filed Evidence reviewed by State Registrar MAR 28 1950 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. 1 copy

FORM DPH HONET

- THE CAR THE STREET CALIFORNIA DE MATERIA DE LA PROPERTIE DE COMP WAR 28 1950 THE And the second s AND STREET OF THE STREET Sale to Strait of the Sale of TOCAL TALL The state 1 2007 70 500 1000 1 1000 0 10 100 ALEXANDER DE LA COMPANION DE L NICHON TO SHOUT IN ASS Services Priest and Search of The state of the s I SOME OF THE STATE OF The light of the control of the cont Company of the second of the s terrine of Parties · 1967年 韓 686 日本 1967 The State of the S The state of the s ting and orse Section and teagle bas house a number of 3月 水性量的 ancets The lates of further THE PARTY 02215 No 210 WY18 To 2020 ods. on the first become a viole of STATES OF THE PARTY 444 THIT YOU W A 30 80 30 will be the same table to the same table and the control of the co 6-17- 02EC: THE DAMES PART BYCHAIRS. Start (1976年 1977年 1984年 - 127日 日本は森田島 原理に入れる。 ា ប្រធាន ក្រុមត្រៃស្រាន បាន គ្រោះថា ទីឯ៩ មិនអ៊ីស្រាន ទៅ។ មិនីស្រាន មួយថា ១១៨៦៤ ១១៤៣ គេ១០

6-029.284 DELAYED	CERTIFICATE OF BII	RTH	State Fi	le No. <u>De50-151</u>	
Public Health tal Statistics	STATE OF IDAHO			g. No	
14. 0141.51.103				t. No.	
1. Registrant's Full Name at Birth		2. Date	(month)	(day) (year)	
m 1 21000 21		Of	a	6 1847	
3. Color or Pace N. Say S. Place	of Right a County	511 (11	Cité la Tama a	<u> </u>	
Lights Found Con	a tourity	ر م	ba	ع ما ما	
6. Full Name of Father		7. State	or Country of F	ather's Birth	
Domas. Washington 7	1 - lan				
8. Full Malden Name of Mother	10/20	9. State	or Country of M	other's Birth	
		State	Of Penn	- surrandua	
I pereby declare upon oath that the	10. Signature of Registrant				
Eboye statements are true to the			1	_	
	Mand tagel mar	tin ?	~03/WW	Main College (	
Canactined did smill fo beinte me ou	Tr. Signature of many	anaro 1	at hear		
June 24 1950	Tout & Fo	ي. د	Mariahu Cu	met. 1-10	
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Type of Document	By whom issued and signed	lne.	Date issued	Date Orig. Entry	
Bible Record			J	0 100	
	Full Name of Mother		Name of Fathe	OI AUG. O. 109.	
				•	
	D. d. d. d. d. d. d. d. d. d. d. d. d. d.		D.A		
Type of Document	By whom issued and signed		Date Issued	Date Orig. Entry	
Registration of Voters	City Clerk, Colfax, Wash		May 31, 1950 Aug. 7, 197		
Date of Birth Birth Place	Full Name of Mother		Name of Fathe	r	
39 vrs old at that time					
Type of Document	By whom issued and signed		Date issued	Date Orig. Entry	
Ingumana Paliar	Majahhana af Unada	P.L	0-4 70	2026	
Date of Right Right Place		rait	Name of Fathe	1936 Same	
				-	
45 yrs old at that time		·	1		
registrant and that documentary evider	certificate has been found in nce has been reviewed, which	the Divisi substantiat	on of Vital St tes the facts a	atistics for this s set forth in the	
State Registrar	Evidence reviewed by		· · · · · · · · · · · · · · · · · · ·	Date Filed	
W. W. Benson					
•	1. Registrant's Full Name at Birth  Mand Devel Jo  3. Color or Race 4. Sex 5. Place  5. Place  4. Sex 5. Place  5. Full Name of Father  8. Full Malden Name of Mother  9. Place	1. Registrant's Full Name at Birth  Mound House 5. Place of Birth a. County  3. Color or Race 2. Sex 5. Place of Birth a. County  4. James 6. Full Name of Father  Dorge Westington 4. Sex 6. Full Name of Mother  8. Full Medden Name of Mother  1. Defresh declare upon oath that the best of my knowledge and belief.  Subscribed and sworn to before me on  1. Signature of Registrant for the best of my knowledge and belief.  Subscribed and sworn to before me on  1. Signature of Registrant for the best of my knowledge and belief.  Subscribed and sworn to before me on  1. Signature of Registrant for the best of my knowledge and signed framily filled viewed for the state of Birth Birth Place  Aug. 6, 1891  Type of Document  Registration of Voters  Date of Birth Birth Place  Type of Document  Insurance Policy  Date of Birth Birth Place  Type of Document  Insurance Policy  Date of Birth Birth Place  Low Clerk, Colfax, Full Name of Mother  Weighbors of Woode  Full Name of Mother  15 yrs old at that time  Thereby certify that no prior birth certificate has been found in registrant and that documentary evidence has been reviewed, which foregoing abstract.	1. Registrent's Full Name at Birth  Moud. Horsel Hondon  3. Color or Race a. Cox 5. Place of Birth  3. Color or Race B. Cox 5. Place of Birth  6. Full Name of Father  Decago Woodington Hondon  8. Full Medden Name of Mother  9. State of State of Mother  1. Inferely declare upon cost that the best of my knowledge and belief.  Subscribed and sworn to before me on 12. Signature of Registrant best of my knowledge and belief.  Subscribed and sworn to before me on 12. Signature of mother 12. Signature of mother 13. Type of Document 14. Supplied to the best of my knowledge and belief.  Manual to get statement 15. Subscribed and sworn to before me on 16. Signature of mother 16. Subscribed and sworn to before me on 17. State of mother 16. Subscribed and sworn to before me on 17. Signature of mother 17. State of mother 18. Signature of mother 18	1. Registrant's Full Name at Birth    Manual   Day   Day	

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Division of VI Bolse, Idaho	tal Statistics		STAIL OF ID.	ALIO				
REGI STRANT	1. Registrant	's Full Name at	Birth		2. Date		st. No	
(Person whose	I .	ce Elmer			Of	(month)	(day)	(year)
Birth is being registered)	3. Color or Re				Birth	8	12	1891
registered)	White	M		ounty tah	٥. Vollm	er, now Tro	of Birth O∇	
FATHER	6. Full Name	f Father			7. State o	r Country of	Father's E	irth
	John	David Joh	nston			Clair Co		
OTHER	8. Full Maiden	Name of Mothe			9. State	r Country of	tother's	irth
	Volumr	nia Ellen	Woody		Luca	as County	. Iowa	
AFFIDAVIT	I hereby declaration above statemen	are upon oath to	the 1	-1 10		. Present Add		
	best of my kno	wiedge and bei	iet. Clarence &	laces fr	lustre	Hayden :	Lake,	Idaho
NOTARY (Seal)	Subscribed and	sworn to befo	re me on 12. Signature o	f Notary //		. Notary Commi		
	Occambe	4 2 2	19 50 //3/4	Lukins	_	9/11/		1954.
			APPLICANT DO NOT WRITE		iE			
SUPPORTING RECORD 1-	Type of Docume		Jible viewe	ed by Wm. 3	. Hawki	Date issued	ł	-
	Date of Birth	e Record	affidavit : Full Name of Mo			Aug. 31,	1950-8	-12-18
Class*A_								
SUPPORTING	Type of Docume	1891, Vollme mt	By whom issued	and signed	dy	John Day	id John	ston
RECORD 2.			Viewed by v	vm. S. Hawk	ins		1	
	History of Date of Birth	of North Ida				1903		03
ClassB_			Full Name of Mo	tner		Name of Fathe	r	
		Vollmer,						
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UALIFYING NEORMATION REGISTRAR'S RETIFICATION	I hereby certi registrant and foregoing abst	that documents	or birth certificate has t ry evidence has been revi	een found in t ewed, which su	he Divisi bstentiat	on of Vital St	atistics s set for	for this th in the
NUAL I FYING NEORMATION REGISTRAR'S	registrant and	that documents	or birth certificate has been revi	ewed, which su	he Divisi batantiat	on of Vital St	atistics s set for  Date Fil	th in the

Form DPH 49067

CORRECTED FILE # FROM DE50-416 TO DE51-0416 5/23/2014-LLE

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Boise, Idaho REGISTRANT	1. Registrant'	s Full Name at Birth		2. Date		st. No
(Person whose	Å.			Of	(month)	(day) (year)
Birth is being	Mary Dee			Birth	1.101)	<b>27</b> 1891
registered)	3. Color or Rad	Female 5. Pla	ce of Birth a. County	I	b_City or Town	of Birth
FATHER	6. Full Name of		Pocatello, Barnock	7. State	ello, Idaho	Father's Birth
•	Alvin M.	Criner			_	. Zamor o Dr. til
OTHER	8- Full Maiden	Name of Mother		9. State	nsylvania or Country of	Mother's Birth
	Mary Eli	zabeth Betterley	7		ı York	
AFFIDAVIT	I hereby declar	e upon oath that the				ress of Registrent
	best of my know	is are true to the riedge and belief.	man	<b>4</b> )	100/ h	1
IOTARY (Seal)		sworn to before me or	n 12. Signature of Notary		13. Notary Comm	vission evolves
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~-	P30 17	195-1	Make Flee	er	May 7	195719
	Tues of Name	APPLIC	ANT- DO NOT WRITE BELOW THE	\$ LINE	<del></del>	
SUPPORTING RECORD 1-	Type of Documen	ιτ	By whom issued and signe	đ	Date issued	Date Orig. Entry
		rth Certificate	John Bouk, M. D.		1-10-24	1-10-24
	Date of Birth	Birth Place	Full Name of Mother		Name of Fath	er
class* <u>B</u>	32 Yrs.	Pocatello, Ida	tho Mary Elizabeth F	Ret.t.erl ev	Alvin M	. Criner
UPPORTING	Type of Documen	t	By whom issued and signe		Date issued	Date Orig. Entry
RECORD 1.	Boise Junion Transcript	r College	Librarian		2-16-51	June 9, 1947
	Date of Birth		Full Name of Mother		Name of Fath	
:lass	May 27, 189	Ĺ	Mary Elizabeth Bett	terley	Alvin M.	Criner
SUPPORTING RECORD 3.	Type of Documen	t	By whom issued and signed		Date issued	Date Orig. Entry
	Teacher's	Retirement Syst			2-17-51	3-18-46
lass B	Date of Birth	BITTH PIACE	Full Name of Mother		Name of Fath	er
	5-27-1891	Pocatello	Mary Elizabeth Be	etterley	Alvin M.	Criner
UALIFYING NFORMATION		· <del></del>				
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EGISTRAR'S ERTIFICATION (seal)	hereby certif   registrant and   foregoing abstr	that documentary evid	n certificate has been found lence has been reviewed, which	in the Divis h substantia	sion of Vital S ates the facts	tatistics for this as set forth in the
(3601)	State Registrar		Evidence reviewed by			Date Filed
	Wil	γ _	01	<b>?</b>		1 ,

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Boise, Idaho						eg. Nost. No
REGI STRANT	1. Registrant's	s Full Name at Birth		2. Date	(month)	(day) (year)
(Person whose Birth is being	Deli	a Albrothe	* <b>.a.</b>	Of Birth	Max	11/ 1001
registered)	3. Color or Rac	ce 4. Sex 5. Place	of Birth a.County		b.City or Town o	24 1891 of Birth
	6. Full Name of		Blaine		Pical or Country of I	bo
FATHER	6. Full Name of	f Father + Albreths Name of Mother	<b>e</b> 12	7. State	or Country of 1	father's Birth
MOTHER		Name of Mother		9. State	or Country of A	borg, Denm Other's Birth
AFFI DAVIT	above statement	re upon oath that the its are true to the viedge and belief.	10. Signature of Registrant Velia Calho		11. Present Addr	Terry of
NOTARY (Seal)	Subscribed and	sworn to before me on			13. Notary Commi	ssion expres
	March	1951	Mary Fred		May 7,	19 <u>53</u>
		APPLICA	IT DO NOT WRITE BELOW THIS I By whom issued and signed	INE		
SUPPORTING RECORD 1.	Type of Documen				Date Issued	Date Orig. Entry
	Family Rec	ord	Mother and Father Full Name of Mother		1891	1891
class* A					Name of Fathe	9F
	5-24-1891		Caroline Pedersen			brethsen
SUPPORTING RECORD 2.	Type of Documen	it	By whom issued and signed		Date Issued	Date Orig. Entry
		ance Policy	United Benefit Life	9	1-26-44	
class B	Date of Birth	Birth Place	Full Name of Mother		Name of Fathe	)r
Class	5-24-1891	Picabo, Idaho	Caroline Pedersen		Martin Al	Lbrethsen
SUPPORTING RECORD 3-	Type of Documen	it	By whom issued and signed			Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Fathe	or
Class						
QUALIFYING INFORMATION		<u> </u>				
REGISTRAR'S CERTIFICATION		that documentary evide	certificate has been found in nce has been reviewed, which			
(seal)	State Registrar		Evidence reviewed by	<del></del>		Date Filed
	WI	R	(000)	•	<del>-//</del> .	3-12-51

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DELAYED CERTIFICATE OF BIRTH 9/3-110-036-843 State File No. De51-678 STATE OF IDAHO Local Reg. No.\_\_\_\_ Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth **REGISTRANT** 2. Date (month) (day) (year) 0f (Person whose Birth July 10th Robert Leo Rallison 1891 Birth is being 3. Color or Race 4. Sex 5. Place of Birth registered) b.City or Town of Birth a.County Idaho White Male Oneida Fairview 6. Full Name of Father **FATHER** 7. State or Country of Father's Birth Norfolk, England Joshua Rallison 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Margaretta Hull Idaho **AFFIDAVIT** I hereby declare upon oath that the 10. Signature of Registrant 11. Present Address of Registrant above statements are true to the Logan, Utah dut tes Kalling best of my knowledge and belief. -12. Signature of Notary Subscribed and sworn to before me on NOTARY (Seal) 13. Notary Commission expires Die 4 195 march 27 1951 APPLICANT DO NOT WRITE BELOW THIS LINE By whom issued and signed Type of Document SUPPORTING Date issued Date Orig. Entry RECORD 1-Church Record L. D. S. Church Aug. 6, 1899 Date of Birth Birth Place Full Name of Mother Name of Father Class\* A July 10, 1891, Eairview, Ida. Margaretta Hull Joshua Rallison Type of Document By whom issued and signed Date issued SUPPORTING Date Orig. Entry RECORD 4. Affidavit by nurse Ruth Fuller 3-21-51 Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_ July 16. 1891, Fairview, Idaho Type of Document By whom issued and signed SUPPORTING Date issued Date Orig. Entry RECORD 3-Margretta H. Rallison, mother 7-10-81 Affidavit Date of Birth Birth Place Full Name of Mother Name of Father Class July 10, 1891, Fairview, Ida. QUALIFYING IN FORMATION REGISTRAR'S I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) State Registrar Evidence reviewed by Date Filed W. W. Benson Apr. 2, 1951 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. Form DPH 49067

DELAYED CERTIFICATE OF BIRTH STATE IN TEATS and the first that the later of the 3 × 4 × 4 × 5 × 5 miss, idohe to the same of the issue to interest and the second the of Place of Pictor 7. Main of Country of Father's Birth to the exet met less fire? Aria e destro et montes de 1900 en 190 The state of the state of the said the new are last state of The Tent of the trained to see the 1 ward Ji. and as well one extensions with The continue of the continue of the continue of no on writing of them are been and the first t 24 WILLIAM WORLD STATE OF THE STAT Transmitted in the AND THE RESERVE if you have a solution The water that the party will be the same of the same white her court to A LANGE VIEW LEVEL TO THE STATE OF THE STATE Table of French Trad giro elas beses, atab beset the per of much by picon, norther I salitaon, notice THE SECOND SECOND The comment that we print portificate by a sum is the five on the process of the five of the first that the comment of the com TO THE PER CONT. The state of the s

913-115-008-315 DELAYED CERTIFICATE OF BIRTH State File No. De51-755 STATE OF IDAHO Local Reg. No. Division of Vital Statistics Req. Dist. No.\_\_\_\_ Boise, Idaho 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (dav) (vear) ٥f (Person whose Orah Embly Ratcliff (twin of Zorah Emly Ratcliff) Birth March 1891 15 Birth is being 3. Color or Race 4. Sex 5. Place of Birth a. County b.City or Town of Birth registered) White male Roise Roseberry 6. Full Name of Father 7. State or Country of Father's Birth FATHER Moses Ratcliff Ohio A. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Polena Eugene Lankford Minsouri I hereby declare upon oath that the 10. Signature of Registrant . 11. Present Address of Registrant AFFI DAVI T above statements are true to the best of my knowledge and belief. Route 1, Lind, Washington 12. Signature of Hotary 13. Notary Commission expires NOTARY (Seal) Subscribed and sworn to before me on 2nd day of April 1951 August 1, 1953 19 APPLICANT DO NOT WRITE BELOW THIS LINE
(By whom issued and signed Type of Document Date issued Date Orig. Entry SUPPORTING RECORD 1. Affidavit by John N. Mohr, Bible Record March 15, 1891 notary who viewed the Bible Full Name of Mother Date of Birth Birth Place Name of Father Class\*\_\_A Roseberry, Idaho 3-15-1891 Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 1. Feb. 3, 1919 U. S. Army Army Discharge Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_\_R March 15, 1891, Idaho Date issued Type of Document By whom issued and signed Date Orig. Entry SUPPORTING RECORD 3-Apr. 2, 1951 Elmer Ratcliff Affidavit Date of Birth Birth Placeloseberry Full Name of Mother Name of Father Class\_\_\_\_R March 15, 1891. Idaho **OUALIFYING** IN FORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

Apr. 23, 1951

\*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM DPH UDO67

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913 - 215-008-315 DELAYED CERTIFICATE OF BIRTH State File No. De51-756 Local Reg. No.\_\_\_\_ Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth 2. Date **REGISTRANT** (month) (day) (vear) 0f (Person whose Zorah Emly Ratcliff (twin of Orah Embly Ratcliff) 15 1891 March Rirth Birth is being 3. Color or Race H. Sex 5. Place of Birth registered) a. County b.City or Town of Birth White Female **Boise** Roseberry 6. Full Name of Father 7. State or Country of Father's Birth **FATHER** Moses Ratcliff Ohio 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Polena Eugene Lankford Missouri I hereby declare upon oath that the 10. Signature of Registrant Mrs. Roy Kelso
Route 1, Lind, Washington AFFI DAVIT above statements are true to the Jorgale Emly Rateleft best of my knowledge and belief. 12. Signature of Notary 13. Notary Commission expires NOTARY (Seal) Subscribed and sworn to before me on April 2 19 51 Aug. 1 19 53 APPLICANT -- DO NOT WRITE BELOW THIS LINE
By whom issued and signed Type of Document Date issued Date Orig. Entry SUPPORTING RECORD 1-Apr. 2, 1951 Family Bible Bible Record Date of Birth Birth Place Name of Father Full Name of Mother Class\*\_\_A March 15, 1891, Roseberry, Idaho Date Orig. Entry Type of Document By whom issued and signed Date issued SUPPORTING RECORD 2. Elmer Ratcliff, brother Apr. 2, 1951 Affidavit Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_\_ B March 15, 1891, Roseberry, Idaho Date issued Type of Document By whom issued and signed Date Orig. Entry SUPPORTING RECORD 3-6-11-1917 County Auditor, Adams County, Idaho Marriage Affidavit Name of Father Date of Birth Birth Place Full Name of Mother Class\_\_\_R March 15, 1891, 26 yrs old **OUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed State Registrar Evidence reviewed by Apr. 23, 1951 W. W. Benson \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. FORM DPH 49067

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Bui	partment of Commerce reau of the Census	CERTIFICATI STATE OF		State File No. De 51-77. Local Reg. NoReg. Dist. No
ī. a	PLACE OF BIRTH (All items at t (a) CountyBingham() (c) Street Address or R.F.D. No (d) Name of Hospital or Materni 110116 3 miles from	b) City.Blackfoot	(a) StateIdaho	.F.D. No
	(e) Mothers stay BEFORE deliver In THIS county 7 years	ry: months days	3. RESIDENCE OF FATHER	HER lived in Idaho?
4. g	of CHILD. Twin or	II soborn	8. No. months	irth of Child. May, year)
10.	FATHER OF CH FULL James Archibale Color white 12.	i i		i 9. Legitimate? yes if OF CHILD  May Shannon 18. Age at time
ΘĀ	or Race	of THIS birth 21 yrs.  c Cb., Cálifornia  (State or foreign country)	or Race While.  19. Birthplace Chico. (City or town	Butte Co. Califo
ş	Exact Occupation Farmer and Industry or Business	stockraiser	20. Exact Occupation hous 21. Industry or Business	
7 <del>23.</del>	Name prophylactic used to prev. Number of children of this moth. I HEREBY CERTIFY That I atter	er: (a) At time of birth ar	nd including this child	) Born alive and now living
tuemkod (	and at the place stated above, who is related as		rs were furnished by(First	name) (Last name)
25.	(Mother, e Attendant's OWN signature	tc.)	Address	Date
□ Sta	ate of California		AFFI (To be completed when the att	
Cot	Item 4, above, that I am now81	years of age, that	XMother etc.)  I have known this person for.	years, and t
Cot in i	Item 4, above, that I am now81	years of age, that (Last name) te above are true to the bes	I have known this person for. who attended this birthis. (Is now de st of my knowledge, and that it	

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-126-003-419 DELAYED CERTIFICATE OF BIRTH State File No. De51-931 Separtment of Public Health STATE OF IDAHO Local Reg. No. Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_\_ 1. Registrant's Full Name at Birth **REGISTRANT** 2. Date (month) (day) (year) Of (Person whose 26 Fredrick Barrett 1891 March Birth Birth is being 3. Color or Race 4. Sex 5. Place of Birth registered) a. County b.City or Town of Birth White Male Bannock Pocatel lo FATHER 6. Full Name of Father 7. State or Country of Father's Birth Edward Barrett England 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Alice Marsh England I hereby declare upon oath that the 10. Signature of Registrant 11. Present Address of Registrant AFFI DAVI T above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on 13. Notary Commission expires NOTARY (Seal) april 20 1954 APPLICANT DO NOT WRITE BELOW THIS LINE By whom issued and signed Type of Document SUPPORTING Date Orig. Entry Date saued RECORD 1. July 1,1926 July 1, 1926 Metropolitan Life Insurance Metropolitan Life Ins. Co. Date of Birth Birth Place Full Name of Mother Name of Father 3-26-1891 Pocatello, Idaho Type of Document Date issued Date Orig. Entry By whom issued and signed SUPPORTING RECORD 2. March 26,1891 Bible Record Date of Birth Birth Place Full Name of Mother Name of Father March 26.1891 Type of Document By whom issued and signed Date Orig. Entry SUPPORTING Date issued RECORD 3-Certificate of birth 38697, Claremonde Barrett filed 1-28-1916 Date of Birth Birth Place Full Name of Mother Name of Father 25 yrs old at that time Class\_ QUALIFYING INFORMATION W. A. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) State Registrar Evidence, reyifwed by Date Filed W. W. Benson June 11, 1951 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

MEANED CLEIN COME OF BIRTH 五年 一二二十二 安人的教育 CONTRACTOR NAME . - gan 1400 s defecteurs a circult train to meet a shifted J. 1864 1 draid a versal for the ansate Train s. respect to taken to the la den water the the the salines the expense to the advances of the party and the salines of the salin HE OF CHIEF SIN HE WELLS . HOWEL milet Che seine expire. THE PROPERTY OF Tale of the late. OUTELL LOSSESSESSES tota traced their price fairly · 建醋酸钠 图 1 · 经净化 1281.05 Notes - 13554 · 134117 TO 224 was in day a market of the base Date Saucel date fi ig, Entry SAASIS DAE SAGES TO THE TO F 15 8 475 The same of the sa CHARLES TORS reaton to Sero of Fethal The state of the s PRESTALL OF PERMISE 1368

V94-102-004-523 DELAYED CERTIFICATE OF BIRTH State File No. De51-977 STATE OF IDAHO Division of Vital Statistics Local Reg. No. Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Rirth REGISTRANT 2. Date (month) (day) (vear) 0f (Person whose Hubert Clemon Dimick Birth June 2nd Birth is being 1891 3. Color or Race 4. Sex registered) 5. Place of Birth a. County b. City or Town of Birth white Idaho Bear Lake Wardboro (Preston) 6. Full Name of Father FATHER 7. State or Country of Father's Rirth Thomas Jefferson Dimick Mill Creek Utah 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth Louisa Eschler Switzerland AFEIDAVIT I hereby declare upon oath that the 10. Signature of Registrant 11. Present Address of Registrant above statements are true to the best of my knowledge and belief. Montpelier, Idaho NOTARY ESEATE Subscribed and sworn to before me on 12. Signature of Notary 13. Notary Commission expires Puth aland June 12th. 1951 APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed M. .n 5 1953 ef Document SUPPORTING Date Orig. Entry Date issued RECORD 1-6-2-1891 Record of mid-wife Jane Sparks Date of Birth Birth Place Full Name of Mother Name of Father June 2, 1891, Preston, Idaho SUPPORTING Type of Document By whom issued and signed Date issued Date Orig. Entry RECORD 1. L. D. S. Church Certificate of Baptism 7-9-1899 Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_\_\_B June 2. 1891, Preston, Idaho Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 3. Church Record L. D. S. Church 1-16-1951 Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_\_\_B June 2, 1891, Preston, Idaho **QUALIFYING** INFORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this EATION registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. State Registrar Evidence reviewed by Date Filed June 18, 1951 W. W. Benson Class A Records are those made and dated before the Registrant s fourth birthday. class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SELAYED CERT FIGATE OF BURNE STATE OF HEARD Holmid wars O traduit siem June 2nd 1891 transfer and the second Chais to say the ardborn (Preston) odet I A Sixt of Carter of Father & Block momen defference fight P.C. Malden Read of Mittel At the Court of Mathema Strik Switzerland deministration to assisted the articles wontpolier, Idaho perious coltantes and 1391930 353 Tyling to work 11.7 Bys of Donas interpolation and interpolation 6 G \_ - - - - - -telles to day for Date of Birth Black Place iere de la constant d Three Decision to mora a age besse i work vis Date Orig. Entry Secure at the city of the state THE PLANT TO SHEET THE 解 5 增的图 The state of the s Parties chicae of Part Property The street is The state of the s

Division of Vi	Public Health JUL 6 1951 tal StatisticolVISION OF VI	AYED CERTIFICATE OF BIRTH STATE OF IDAHO	Local Reg. No
oise, Idaho	NTA518TICS		Reg. Dist. No
REGI STRANT	1. Registrant's Full Name at Bi	7/ 0	
(Person whose Birth is being registered)		Place of Birth a. County	rthmarch 25 189
FATHER	Write. Demale Re	roby Bar Elmore Co. Idaho R	ocky Bar 2 dalo
	Gustave adolph	Schweizer De	ate of Guntry of Father's Birth  troit Michigan
40 THER	8. Full Maiden Name of Mother Margarit Wal	70 cb	ate or Country of Mother & Birth
AFFI DAVI T	I hereby declare upon oath that above statements are true to th best of my knowledge and belief	the 10. Signature of Registrant	11. Present Address of Registrant & 290 h.w.yet.Ontaris (
NOTARY (Seal)	Subscribed and sworn to before	me on 12. Signature of Hotary	13. Notary Commission expires
	July 5 19	51 Hand Stackery	Jon 24 1954
SUPPORTING	Type of Document	PLICANT DO NOT WRITE BELOW THIS TIME By whom issued and signed	Date issued   Date Orig. Entry
RECORD 1.		1	1900 1900
	Date of Birth Birth Place	Department of Commerce	Name of Father
Class*B	9 years old Idaho	iar. Ramo or Hather	Mane Di Father
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued Date Orig. Entry
	Census Record	Department of Commerce	1910   1910
Tì	Date of Birth Birth Place	Full Name of Mother	Name of Father
ClassB_	19 years old Idaho	Margaret Schweizer	Gustave A. Schweizer
SUPPORTING RECORD 3-	Type of Document	By whom issued and signed	Date issued Date Orig. Entry
Class	Date of Birth Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION	I hereby certify that no prior is registrant and that documentary foregoing abstract.	birth certificate has been found in the D evidence has been reviewed, which substan	ivision of Vital Statistics for this ntiates the facts as set forth in the
		Evidence reviewed by	Date Filed
(seal)	State Registrar		, = · · · · · · · · · ·

AND AVED CENT FLOATE OF STRIN The state of the s Madi of TAR A CONTRACT OF THE STATE OF THE The or Courses in melhal to the In the part to see that I warm? To the Branch of the Control of the The state of the Traine Late Later Later J 38 34 N.C. APPRING BORNE Population Translation VI A STEEL AND LINES STA the contract of the contract of A A STATE OF THE REPORT OF THE PARTY OF THE A STATE OF THE STA te its out assi-

				% <sup>©</sup>
ם	_	nited States (Be sure the information is as		
\$ <u>.</u>			E OF BIRTH	Local Reg. No
ខ្លួន	-		of Idaho	Reg. Dist. No
# 8 #	1.	Of Contract (the facility of the office)		F MOTHER (At time of this birth)
E		(a) County Power (b) City Rockland		(b) County Power
O g		(c) Street Address or R.F.D. No.	(c) CityRocklar	
22		(d) Name of Hospital or Maternity Home: Idaho	,	R.F.D. No
1		(e) Mothers stay BEFORE delivery:	(e) How long has Me	OTHER lived in Idaho? 6 yrs.
M P		In THIS county 6 years months days		IER (city, state)Rockland. Ida
8	4.	FULL NAME Tagranda Desid Udaa hause	5. Date of	Birth of Child , day, year) Nov. 24, 1891
급하급		of CHILD LeGrande David Hillhouse 7. Twin or If so—born		, day, year) <u>NOY.</u>
84.8	6		of Pregnancy	9 9. Legitimate? Yes
a k	<u> </u>	FATHER OF CHILD		HER OF CHILD
# Et F	10	NAME David Hood	16. FULL MAIDEN TO	izabeth Ure
đ, đ	11	Color 12. Age at time		
certificate. Mail COMPLETED certificate in Boise, Idaho, for filing. No charge for fil- ey order or coin.	11	Color or Race White 12. Age at time of THIS birth 43 yrs.	17. Color White	18. Age at time of THIS birth 35yrs.
S M S	12	Birthplace Scotland	19 Birthplace WOO	iscross, Utah
ics in	10	(City or town) (State or foreign country)	(City or to	own) (State or foreign country)
g t ist	14	Exact Occupation Farmer	20. Exact	ısewife
i di	15	Occupation Calmet	21. Industry or	
50.5	10	Business	Business	
completing this Vital Statistics, lifty cents, mon	22	2. Name prophylactic used to prevent Ophthalmia Neonator	ım	
ŭ > ₩	23		and including this child	(b) Born alive and now living7
# 0 0	_	ATTENDANT'S	S CERTIFICATE	
Record typewriter ribbon postage to State Bureau res an advance payment	24	. I HEREBY CERTIFY That I attended the birth of this child	, who was	M. on the date
BEB		and at the place stated above, and that personal particular	(Born alive, stillborn)	
D O O			(Fir	st name) (Last name)
t t e		who is related as		
S O	25	(Mother, etc.)  M.D.	Address	Date
Pr &		OWN signature Midwife		
Z g a	St	ate of Idaho		FFIDAVIT
ost a	Co	ounty of Ada Ss.	(To be completed when the	attendant does not sign in Item 25.1
		I, the undersigned, being first duly sworn, say that I am the	e Sister	of the person whose name appears
k or BLACK IRST-CLASS   copy requir	in	Item 4, above, that I am now71years of age, tha	(Mother, etc.)  t. I have known this person f	or 60 vears, and that
	111		who attended this hirth	is now Deceased I further
HILL		(First name) (Last name)	(Is now	deceased) or (Cannot be located)
	st	ate that the facts on the certificate above are true to the b	est of my knowledge, and tha	at I desire to have this birth record-
E E	ed	l under Chapter 139, 1937 Session Laws.	mary	Haller Signature
HAT	~	· · · · · ·		Boise, Ida.R. O. Address
¥ 8 8	_	The man and the state of the st		19.5
띺귳셤	-			
only slope Eac		(SEAL) (Note: Perjury is punishable as a felony in Idano; see S	Nothry Public 17-014 Idaho Code Annote	ic, residing at.
19 o				
ds, fng	Re	eceived for filing on July 24, 1951	by	Registrar

JUL 23 1951

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-210-0	35 281 Public Health	MECDELAKEI	D CERTIFICATE OF BITASTATE OF IDAHO	RTH	State Fi	Ie No. De51-110
Division of Vi	rubiic meaith tal Statistics	JUL 28 150	TASTATE OF IDAHO		Local Re	g. No
Boise, Idaho		DIVISION	8			t. No
REGI STRANT	1. Registrant's F	DIVISION BITTO		2. Date	(month)	(day) (year)
(Person whose Birth is being	1020 D Or	horris	e s nalt		Cipril	10 189
registered)		Temale Lu	vision New Level	hou	.City or Town o	of Birth I have
FATHER	6. Full Name of F	whitena	5hall	7. State	or country of F	ather's Birth
NOTHER	8. Full Maiden Na	me of Mother \	00	9. State	or Country of M	
ACCIGAVIT	Serena	upon oath that the	natt	1 reg	x as	ess of Registrant
AFFI DAVIT	above statements	are true to the	10 - Signature of Registrant	rter!		~ ^ (
OTARY (Seal)	Subscribed and sw	orn to before me on	12. Signature of Notary		3. Notary Commi	ssion expires
	26 July	19 <i>51</i>	Miller	-		nbr 1953
		APPLICA	NT DO NOT WRITE BELOW THIS I By whom issued and signed	LINE		
SUPPORTING RECORD 1-	Type of Document	Philip Weisger			7-25-51	Date Orig. Entry
	Date of Birth Bi		Full Name of Mother		Name of Fathe	·F
Class* B		l, Lewiston, Id			Dr. C. W.	
SUPPORTING	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
RECORD 2-	Insurance Po	olicy	Equitable Life Assu	urance Co	7-12-51	Oct. 30, 192
	Date of Birth Bi		Full Name of Mother		Name of Fathe	r
class_B	Apr. 10, 189	l, Lewiston, Id	laho		C. W. Sh	naff
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
:lass	Date of Birth Bi	rth Place	Full Name of Mother		Name of Fathe	<u> </u>
WALIFYING	~					
N FORMATION						
REGISTRAR'S CERTIFICATION (seal)		at documentary evid	certificate has been found in ence has been reviewed, which			
,	State Registrar		Evidence reviewed by			Date Filed
	· ·					1

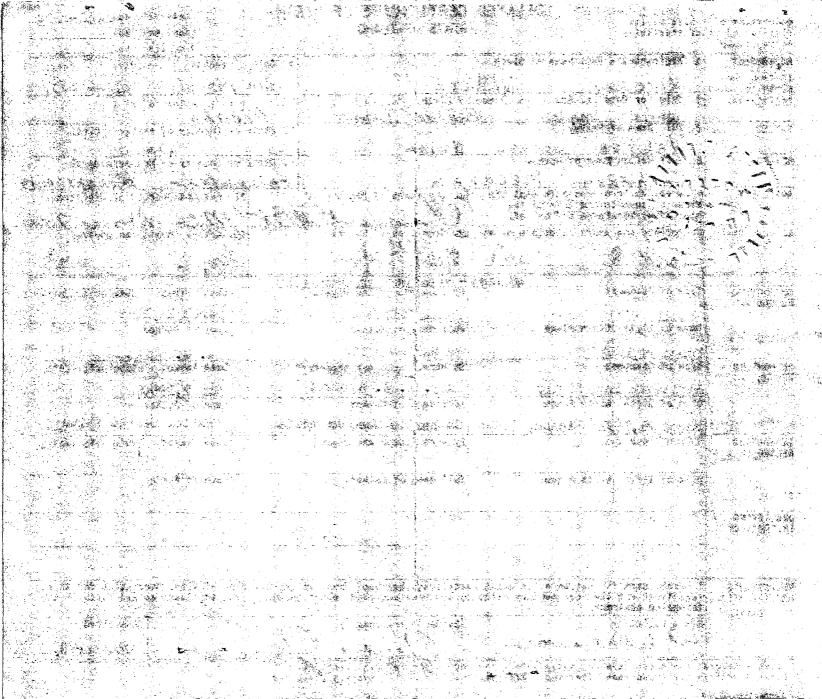
Some of the same dilent office to tend to Ludal Require. And the break a dark in the contract of 1964 . See atet a +471 700 com a lacation to the con-Martin La Apol 10 et 11. an Country of Factors a serial AL STATE STATE 2. his widen from of Nother APPER LACTOR TO LINE WATER ACTION OF CITY PROPERTY LINES TO the Report to section in in Present Authorized Augustinate with all wind and adjoined the brain Ing has paire which you and correspond to an interest to before on an interest of which the both before the SUTTEN COMMENS TRADE THAT YES BURES Court strip lead becauters: emily devil devil to establish edited to entire redsing to bout its treated to T Constructed Liberatury, Story Lastice and States i made of parts of fricts proced to other adas - asas TELL BORNE OF THE PARTY. invescuti it in wild a will and heart the tion to the bound in the way resident to small first Market 1. Com STATE OF STATE OF STATE all the contract of the contra "excellent and the declaration or translation are recovered, which suboid these on faith as not exceed in the ALL THE STATE OF T della etos we town first members! are and the literact of invitations buy makes the ball than the day in the constitution the contract of the state of th

33/22/-	028-211	DELAYED	CERTIFICATE OF BIL	RTH	State Fi	re No. De51-20
Bepartment of P Division of Vit			STATE OF IDAHO			g. No
Division of Vit Boise, Idaho	iai Statistics					t. No
REGI STRANT	1. Registrant's	Full Name at Birth		2. Date	(month)	(day) (year)
(Person whose	Sylvia	alice Rut	h Clark	1	Tugust	21 189
registered)	3. Color or Race	4. Sex 5. Place female Gra	of Birth a. County nite da Roofensi	gra		daho.
FATHER	6. Full Name of	Father and Ch	, ·		r country of F	ather's Birth
HOTHER	8. Full Maiden N	lame of Mother	Saar	9. State o	r Country of M	
AFFIDAVIT	L hereby declare	upon oath that the	10. Signature of Registrant	1 vice	Present Addr.	ess of Registrant
AFFI DAVI I	above statements	s are true to the ledge and belief.		nglish	Cresto	υ ,
NOTARY (Seal)	Subscribed and s	sworn to before me on	12. Signature of Notary		. Notary Commi	
-	May - 28	ري 19 <u>ک</u>	Munifor	_	10-10	<u>2 ک</u> 19
		APPLICANT	By whom issued and signed	INE		
SUPPORTING RECORD 1.	Type of Document	i .	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		1	Date Orig. Entr
	Affidavit		Stella May Noble, s	sister	May 28, 1	
	Date of Birth	3irth Place	Full Name of Mother		Name of Fathe	Г
Class*B	Aug. 21, 1	391, Granite, Idal	ho			
SUPPORTING	Type of Document		By whom issued and signed	***	Date issued	Date Orig. Entr
RECORD 2.	C ensus re	cord	Bureau of the Censu	S		1900 censu
	Date of Birth		Full Name of Mother		Name of Fathe	
classB	0	Talaha				
SUPPORTING	8 yrs old		By whom issued and signed		Date issued	Date Orig. Entr
RECORD 3.	Bible Reco		Family Bible			8-21-1891
	Date of Birth		Full Name of Mother		Name of Fathe	
Class A			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			•
	8 - 21-1891K	ootenai County, I	.¢aho			
QUALIFYING INFORMATION		76				
REGISTRAR'S CERTIFICATION (seal)	i hereby certify registrant and i foregoing abstra	that documentary eviden	certificate has been found in nce has been reviewed, which	the Divisi substantiat	on of Vital Stees the facts a	atistics for this s set forth in th
,	State Registrar		Evidence reviewed by			Date Filed
	W. W. Be	nson	Maril Brades -			9-10-51

The state of the s Company of the Compan en August 21 LEAD OF THE REAL OF LAND The second secon The storm illinate 20mm 山下上京39· STATE OF THE STATE 14000 and the best as a second And the state of t SERVICE THE PARTY OF THE PARTY OF Two as to wat The Trie Date และเหลือง มเพล็นสาย เล่ Marie Comment Carl **海 特主协议** 20. 直接或语言 A THE PERSON TRANSPORT ASSESSED The state of the s

DELAYED CERTIFICATE OF BIRTH State File No. De51-2102 STATE OF IDAHO Local Reg. No. Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth **REGISTRANT** 2. Date (month) (day) (vear) Of (Person whose VINCENT
3. Color or Race | 4. Sex Birth MARCH 1891 Birth is being 5. Place of Birth a. county
BLAINE IdAho registered) b.City or Town of Birth 6. Full Name of Father **FATHER** 7. State or Country of Father's Birth 9. State or Country of Mother's Birth JEOR9E MOTHER CATHERIN MEEC PhikadelPhia, TENNSYLUANIA

11. Present Address of Registrant MEECHAM **AFFIDAVIT** . Signature of Registrant above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on NOTARY (Seal) APPLICANT -- DO NOT WRITE BELOW THIS LINE By whom issued and signed Type of Document SUPPORTING Date ssued Date Orig. Entry RECORD 1-March 21,1891 Family Bible Family Bible Record Date of Birth Birth Place Full Name of Mother Name of Father Class\* A Catharine White March 21.1891/ W. G. White Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 1. Mrs. A. W. Baldwin Affidavit from Sister May 2,1950 Date of Birth Birth Place Full Name of Mother Name of Father Class\_ Walter George White Catharine Meecham White March 21.1891/ Picabo, Idaho Type of Document By whom issued and signed SUPPORTING Date issued Date Orig. Entry RECORD 3-Date of Birth Birth Place Full Name of Mother Name of Father Class QUALIFYING INFORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) State Registran Evidence\_reviewed by Date Filed October 8, 1951 \*Class A Records are those made and dated before the Registratis fourth birthd Class B Records are those made after the fourth birthday but are at least 5 years old. Form DPH 49067



a -iii	Department of Commerce CERTIFICAT	of date of birth of THIS child.) State File No
<u> 5</u> 5		OF IDAHO Reg. Dist. No
D certificate charge for 1	1. PLACE OF BIRTH (All items at time of this birth) (a) County BIRINE (b) City (c) Street Address or R.F.D. No.	2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (a) State A ho (b) County B A inc  (c) City Pic A bo
G C	(d) Name of Hospital or Maternity Home:	
Ęž		(d) Street Address or R.F.D. No
Ξ.	(e) Mothers stay BEFORE delivery:	(e) How long has MOTHER lived in Idaho?yrs.
Σü	In THIS county years months days	3. RESIDENCE OF FATHER (city, state) Picado, Idaho
I COMPLETED r filing. No cl	4. FULL NAME VINCENT WHITE	5. Date of Birth of Child 3-21-1891 (Month, day, year)
Medi.	7. Twin or If so—born	8. No. months
ifficate. N se, Idaho, order or co	10. FULL WALTER GEORGE WHITE	16. FULL MAIDEN ATHERN Meecham
Bot V	or Race William of THIS birth. 4.2. yrs.	or Race White 18. Age at time 39 yrs.
completing this cer Vital Statistics, Bo fifty cents, money	13. Birthplace Olio (State or foreign country)	19. Birthplace Philedelphia Pennsylvania (City or town) (State or foreign country)
st te	14. Exact Occupation FARMER And Blacksmith	20. Exact Occupation howsewife
a ta	Occupation / HAINE AND DIACKSMIII	Occupation 100000 11 C
ē w ŝ	15. Industry or Business	Business
ははず	00.51	
8 ≥ #	22. Name prophylactic used to prevent Ophthalmia Neonatory	and including this child(b) Born alive and now living
g g g	ao. Hamber of children of mile included (a) is the contract of	CERTIFICATE
er ribbon e Bureau payment	24. I HEREBY CERTIFY That I attended the birth of this child	who was BORN A live at M. on the date (Born alive, stillborn) While M. Baldwine ars were furnished by
EAS	and at the place stated above, and that personal particular	ers were furnished by (First name) (Last name)
# # # P	who is related as Older Sister	(Tust name) (East name)
Sta	(Mether, etc.)	
Record typewrit postage to Stat es an advance	25. Attendant's M.D.	Address Date
d to	OWN signature Midwife	
Record postag	State of Idaho ss.	AFFIDAVIT
250	County of Blaine ss.	(To be completed when the attendant does not sign in Item 25.)
	I, the undersigned, being first duly sworn, say that I am the	esisterof the person whose name appears
BLACK -CLASS y requi	in Them A change that I am your 771 wears of ago that	(Mother, etc.) t I have known this person for
312	in item 4, above, that I am nowyears of age, that	t I have known this person foryears, and that
or BLACK ST-CLASS	(Last name)	, who attended this birth
Ink or BI FIRST-C	state that the facts on the certificate above are true to the beed under Chapter 139, 1937 Session Laws.	est of my knowledge, and that I desire to have this birth record-
1.24		Signature
SAT		P. O. Address
BLACK In bearing he certified	Cubaniliad and arrow to before me this 2nd	10 5∩
nly Blope be Each	aubscribed and sworn to before me this	May Notary Public, residing at Hailey, Idaho
w ×		
Use only envelope ing. Eac	IN TOL POPULTO IS DIDISHADIO AS A TOLODO IN IDANO. SOO SO	ec. 17-914, Idano Code Annotated.)

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Bur	epartment of Commerce CERTIFICA	as of date of birth of THIS child.) ATE OF BIRTH E OF IDAHO	State File NoDe5122 Local Reg. NoReg. Dist. No
1.	(a) County (b) City (c) Street Address or R.F.D. No	2. USUAL RESIDENCE OF MO  (a) State  (c) City Charles	. (b) County Custon
	(d) Name of Hospital or Maternity Home:  (e) Mothers stay BEFORE delivery: In THIS county years months days	(d) Street Address or R.F.  (e) How long has MOTH  3. RESIDENCE OF FATHER	ER lived in Idaho?
4.	of Child Jua John Jawis	5. Date of Birt (Month, da	h of Child a 297
6	7. Twin of If so—born 1st, 2nd, 3r	d of Pregnancy	9. Legitimate?
10. 11.	NAME Warner Kenner Jarold	16. FULL MAIDEN NAME	18. Age at time 9 9
13.	or Race of THIS birth 78.	or Race	of THIS birth
	(City or town) (State or foreign country)	20. Exact Occupation	(State or foreign country)
15. —	. Industry or A Business	21. Industry or Business	0
22. <b>23</b> .	Name prophylactic used to prevent Ophthalmia Neonat Number of children of this mother: (a) At time of birt	h and including this child	Born alive and now living
24.	. I HEREBY CERTIFY That I attended the birth of this ch	ild, who was(Born alive, stillborn)	
	and at the place stated above, and that personal partic	(First nar	nc) (Last name)
25.	(Mother, etc.)  Attendant's M.D. OWN signature Midw	Address ife	Date
	ate of Idaho bunty of Canyon ss.	AFFID. (To be completed when the atten	
î.	I, the undersigned, being first duly sworn, say that I am	the Sister of t	he person whose name appe
in'	Item 4, above, that I am now 68 years of age, t  Florence Huddlesen (Last name)	, who attended this birthdoc	eesed years, and in the sed) or (Cannot be located)
sta eđ	(First name) (Last name) ate that the facts on the certificate above are true to the under Chapter 139, 1937 Session Laws.	best of my knowledge, and that I c	lesire to have this birth reco
	Subscribed and sworn to before me this6th	Middleton, Idaho	UP. O. Add
	(SEAL)	Sec. 1794, Idaho Code Annotated.	esiding at Middleton,

## **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotate then such report is accompanied by a certificate of the attending publician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

572-1251003-719 State File No. De51-2371 United States (Be sure the information is as of date of birth of THIS child.) COMPLETED certificate Department of Commerce CERTIFICATE OF BIRTH Local Reg. No..... No charge for Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Sanuack (b) County Dans (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... (e) Mothers stay BEFORE delivery: In THIS county months. FULL NAME Date of Birth of Child OF CHILD..... (Month, day, year) Twin or If so-both 8. No. months Sex Triplet 1st. 2nd. 3rd of Pregnancy 9 9. Legitimate? FATHER OF CHILD MOTHER OF CHILD 10. FULL 16. FULL MAIDEN NAME NAME 11. Color Age At time 17. Color 18. Age at time of THIS birth 3.6 vrs or Race..... 13. Birthplace... (State or foreign country) (State or Meign country) Exact Occupation. Occupation ..... Industry or 21. Industry or Business **Business** Name prophylactic used to prevent Ophthalmia Neonatorum. B. oue.... ATTENDANT'S CERTIFICATE typewriter ribbon to State Bureau advance payment (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... (First name) who is related as..... (Mother, etc.) Attendant's M.D. Address Date **OWN** signature Midwife postage **AFFIDAVIT** County of Lake (To be completed when the attendant does not sign in Item 25.) (Mother, etc.) in Item 4, above, that I am now..... mrs Montague, who attended this birth Accessed I further (First name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Subscribed and sworn to before me this..... , Notary Public, residing at (Note: Periury is punishable as a felony in Idaho; see Sec. 17-914. Idaho Code Annotated.) Jan. 21, W. W. Benson Received for filing on.....

#### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





238407,029-251 DELAYED CERTIFICATE OF BIRTH State File No. De52-2197 Membartment of Public Health STATE OF IDAHO Local Reg. No. Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (day) (vear) 0f 1891 (Person whose Birth May 7th Friedrick Otto Schupfer Birth is being 5. Place of Birth 3. Color or Race L. Sex registered) a. County b.City or Town of Birth male Latah Juliaetta White 6. Full Name of Father FATHER 7. State or Country of Father's Birth Mathias Schupfer Austria. 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Aloisia Knaus. Austria. AFFI DAVI T I hereby declare upon oath that the 10. Signature of Registrant 11. Present Address of Registrent above statements are true to the Inhaetta da best of my knowledge and belief. 13. Notary Commission expires Subscribed and sworn to before me on NOTARY (Seal) APPLICANT - DO NOT WRITE BELOW THIS LINE Type of Document SUPPORTING -Date | saued Date Orig. Entry RECORD 1-Certificate of Baptism Church July 10, 1892 Date of Birth Birth Place Full Name of Mother Name of Father Class\* A May 7, 1891, Juliaetta, Idaho Aloisia Knaus Mathias Schupfer Type of Document By whom issued and signed SUPPORTING Date issued Date Orig. Entry Department of Commerce RECORD 2. Census Record 1900 census Bureau of the Census Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_\_ B Mathias Schupfer 9 years old. Alosia and Idaho Type of Document By whom issued and signed SUPPORTING Date issued Date Orig. Entry Department of Commerce Bureau of the Census RECORD 3-1910 census Census Record Date of Birth Birth Place Full Name of Mother Name of Father Class... B 19 years old Idaho Aloisia M. Schufer **QUALIFYING** INFORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) State Registrar Evidence reviewed by Date Filed Feb. 26, 1952 ". J. Benson

Form DPH 49067

<sup>\*</sup>Class A Records are those made and dated before the Registrant's fourth birthday.

Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED GERTFERATE OF BIRTH 1.55 どかんり シュウチョン State File No. TotoLines Allest alanut to tremineme STATE OF IDAHO tocal Reg. No. Attended the te delativity Day . w. 122.10 -Reg. Dist. No. t went street a fell Mass at Africa itabi. (dinom) 17071 Televise whose Principles Citto Schuler Ztt 1481 Ved drift 2. 27 or Race L. Sex AST PIACO OF BIRTH b.City or Town of the v financia as stiette. PET MI hitte bale tential to sent flat or it State or Country of Father's Eleth EATHER .sirita. ng hadoe asidian Tell Maiden Kane of Hother 4. State or Country of Mother's Birth . mirtae. Loista angus. Charant deciare upon onto the twitten to mutamit it ard in statements are thus to the toff of my share was to be let. 13. Motery Completion expires 12. Signature of Notary Date Grie. Betry Sanda Lagrantia Lagrantia Ent 1292 Date of Birth Dirth Place Fuil Hame of Heiter tented to sest we to astitui Inequiare to self data Orio. Intiv Sengis Sas Sourzi more (9. AMITROTRIE Daules i stud วะวาคสงนา โซ วัสธิตว์วากรา A CHOOSE From the same world LYDO cersus trains and to creat town of sirth Birth Place Home of Father fall kine of Mather Matrias Schooler Missia and Idaki .cle enance ( By while Landed and signed THE CE DESCRIPTION bete brig. Bray Cate i saued er Clar in Marianesti IDLO census pacos carre Tage of Notice Date of Sirth Birth Place Lane of Pather ble ansaviti i. Schufor DALITTHE becap certify that hi prior birth cert ficcis has been found in the Division of Yital Statletics for talk sagistion; and that documentary avidence us; been ravience whetestlates the face as est forth in the Personing sectract. tate Bogister. belit sted reb. 25. 1452 Class A Records are those more and date or ្នុងនៅវា 13 ខ្លែកស្មា Class B Records are those made after the fourth tircht. had are at mace t years sig-

2/3-/02 10/1-89 7 Department of Public Health DELAYED CERTIFICATE OF BIRTH State File No. De52-2507 STATE OF IDAHO Division of Vital Statistics Locai Reg. No. Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Hame at Birth REGISTRANT 2. Date (month) (day) (year) Of (Person whose Ball, Harry Arthur Raymond Birth 1891 Nov. Birth is being 3. Color or Race L. Sex registered) 5. Place of Birth a. County b.City or Town of Birth Caucasian M Boundary Bonners Ferry
7. State or Country of Father's Birth **FATHER** Joseph Arthur Ball Oregon 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Clara Ann Higgins Ball
Thereby declare upon oath that the Oregon 10. Signature of Registrant AFEI DAVIT 11. Present Address of Registrent above statements are true to the best of my knowledge and belief. 1544 Poplar, Twin Falls, 12. Signature of NOTARY (Seal) Subscribed and sworn to before me on 13. Notary Commission expires APPLICANT-DO NOT WRITE BELOW THIS LINE By whom issued and signed Type of Document SUPPORTING Date issued Date Orig. Entry RECORD 1. Family Bible viewed by Stuart H. Taylor, Nota Bible Record 1952 Nov. 2. 1891 Date of Birth Birth Place Name of Father Class\* Nov. 2, 1891 Bonners Ferry, Idaho Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 4. 8-7-1918 Army of the United States 3-23-19 Honorable Discharge Date of Birth Birth Place Full Name of Mother Name of Father Class 26 years old, Bonners Ferry, Idaho Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 3-Date of Birth Birth Place Full Name of Mother Name of Father Class **QUALIFYING** IN FORMATION REGISTRAR'S I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal 🏞 State Registrar Date Filed Feb. 29, 1952 W. W. Benson \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. Form DPH 49067

PTTIR TO STADISTIVE OF REPORTS The state of the s State of the Month of the State STATE OF IDEN Court Teag Act alvision of vital statication solor, tobe dir B to see the a farteless Leonthi CORNEL TREES CONTRACT LEETLY APPLIE RENTORCE FOR Caratrical State 14 or flore 4. for Sector of Birth Misia to aver no vist. TANAGE . T C. Sacto of Country of Feding Birth · 中一种有种的 real on the same of medical O. State by Country of Hollar's Mith The second of the the the Sign warre of Registres! feetbrised to service interior .... Lahing Fisher Reputation and being. of selary and select the select t to the winder of the second of to dentity of solary THE REAL PROPERTY. West of the same with the court of the Court of the Lower, 1982 The many chief drift to aved late is the lives of the N 2 2 2 3 1 VILLE STORM Dones . . . . 8191-1-04 P1-10-2 ecurso believe a conver Trion of Live Co. Bate of Girls Errh Flace teday to each resident e sexta links 2364 Moreover did, tours out of DESTRUCTION OF LINE OF SPECIAL Bate Orige Entry bause stad THE WILLS SHOW SHOW STANDS \*\* 080735 tedtell to don't int Date of Brite Service Service TANES TO LOS BELTY: AS MITAMORA with the sette tart with the sett it care has sett thund in the property that setter the third Extinct registrate and that dominance is avidence has some reviewed, and the that the tack of the fact in the toragolay agatract # 1 + # 7 T Evidence registed by State See state beile eled Teb. 29. 152 to age. A secondly are those made and dated events the notice and the development of the control the nicing betar and olem needs are afficient a recip-

8/5/24:008-464
Bepartment of Public Health DELAYED CERTIFICATE OF BIRTH State File No. De-256/ STATE OF IDAHO Local Reg. No.\_\_\_\_ Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ **REGISTRANT** 1. Registrant's Full Name at Birth 2. Date (month) (day) (year) 0f (Person whose 24 - 1891 Birth Birth is being 3. Colon sr/Race 5. Place of Bigth city or Town & Birth registered) a. County Boise Co. FATHER 7. State of Country of Father's Birth 9. State or Country of Mother's Rifth MOTHER aregon/ hereby declare upon oath that the Bignature of, Registrant 11. Present Address of Registrent AFFIDAVI T above statements are true to the best of my knowledge and belief. 12. Sypature of Notary Subscribed and sworn to before me on NOTARY (Seal) miarch 19 1952 10-22 1952 APPLICANT DO NOT WRITE BELOW THIS LINE
By whom lasued and signed
On file at Bureau of Vital Type of Document Date issued SUPPORTING Date Orig. Entry Child's RECORD 1-Birth certificate Statistics. File no. 39003 April 11, 1916 Date of Birth Birth Place Full Name of Mother Name of Father Class\*\_\_\_B 25 Yrs. Uld Tdaho Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 2-March 19. Affidavitt. D. D. Beaumont Date of Birth Birth Place Full Name of Mother Name of Father В Class\_ vear of 1904-05 Tdaho Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 3-Mutual Benfit Life Insurance Oct. 5, 1926 Life Insurance Policy Name of Father Date of Birth Birth Place Full Name of Mother July 24. Idaho City. Class 1891 Idaho QUALIFYING IN FORMATION REGISTRAR'S I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed State Registrar Evidence reviewed by Shirley Harrell W. W. Benson March 19, 1952 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. Form DPH 49067

WINDER CERTIFICATION of the officer to make with CHARLE OF TRACE a vestical in Wito nately Frg. 34.71 (0.00) diete de ente l'il attuent form de 12.562 (2.56) Bitth & coing マンストれまりをとって Charte of Country of Chart's Street A. Fill Maribus Age: 41 No her thete or (contry of Softer) a state CHARLES EN white the state where the the state of the state of the street of the street of the state of the " Frent Merens of Springerent is for the estations of to believe. The second second we would be some the best of the state of the fore Courses on and res Wind Winds Winds Ani WANE 1 7 7 19 this terms the firth this firty TWEED OF TO SENT have leaded and vill Tenta To small diventia maked to done the 474 1 62 to HTM 4 VISAT WITH BALLS .... 304 10 bes 16:50 50% 1 seemand to week i i li li li li tradi kaleni raido sen e roi siti TEMPS No seed and a series to the state of the cold Warenest ! The state of the second of the second of the second of the state of the state of the second of the s betie atal ha herest and make the 15" \$c 1.00 4241E. TE FUNDAMEN A POLICE

815-220-004-213 DELAYED CERTIFICATE OF BIRTH State File No.De52-2580 Bepartment of Public Health STATE OF IDAHO Division of Vital Statistics Local Reg. No.\_\_\_\_ Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (dav) (vear) (Person whose Of Birth May 1891 Esther Elizabeth Hansen Birth is being 3. Color or Race 4. Sex 5. Place of Birth registered) a. County b. City or Town of Birth white female Bloomington, Ida. BearLake Bloomington 6. Full Name of Father **FATHER** 7. State or Country of Father's Rirth John Hansen Brigham City, Utah
9. State or Country of Mother's Birth 8. Full Maiden Name of Mother MOTHER Alice Bateman England I hereby declare upon oath that the **AFFIDAVIT** 10% Signature of Registrant Hauser 11. Present Address of Registrant above statements are true to the Elizabeth (Ushment) 3167 Barna Vaina, Calif. best of my knowledge and belief. Subscribed and sworn to before me on Signature of Notary NOTARY (Seal) 13. Notary Commission expires March 22 1952 africe 6. 1953 APPLICANT DO NOT WRITE BELOW THIS LINE By whom issued and signed SUPPORTING Type of Document Date | saued Date Orig. Entry Photostatic copy of child's birth certificate. RECORD 1-Oct. 16, 42Mar. 25, 1918 Idaho Dept. of Public Health Date of Birth |Birth Place Full Name of Mother Name of Father Class\* B 26 yrs. old Bloomington, Ida. Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 4. Mar. 26, 1952 Affidavit by mother Alice Bateman Hansen Date of Birth Birth Place Full Name of Mother Name of Father Class B May 20, 1891 Bloomington, Ida. Alice Bateman Hansen John Hansen Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 3-The Prudential Insurance Co. Sept. 17, 1923 Insurance policy of America Date of Birth Birth Place Full Name of Mother Mame of Father Class 33 yrs. old next birthday) **QUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) State Registrar Evidence reviewed by Date Filed W. W. Benson April 1, 1952 \*Class A Records are those made and dated before the Registrant's forth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. Form DPH 49067

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Bolse, Idaho					<u> </u>	Reg. Dis	it. No	
REGI STRANT	1. Registrant'	s Full Name at	Birth		2. Date	(month)	(day) (year)	
(Person whose Birth is being	Ada Nori	ine Isaac			Of Birt	h Nov	11 1891	
registered)	3. Color or Rad	ce 4. Sex	5. Place	of Birth a. County	<b> </b>	b.City or Town o		
·	White	Female	<u> </u>	Canyon	<u> </u>	Caldwell		
FATHER	6. Full Name of		_		7. Stat	e or Country of F	ather's Birth	
WATER .	8. Full Maiden	iam Henry			2 21 - 1	New York		
MOTHER					9. Stat	e or Country of F	Other's Birth	
AFFIDAVIT	Ada (	Caroline Mi		10. Signature of Registrant	<u> </u>	Ohio		
AFFIDATII	above statement	is are true to	the	10. Signature of Registrant		11. Present Addr	ess of Registrant	
	best of my know			Cas L. Hartenbo	un	Caldwell,	Idaho	
NOTARY (Seal)	Subscribed and	sworn to befo	re me on	12. Signature of Notary		13. Notary Commi	ssion expires	
	April :	17	<u> 52</u>	Exith H. Church		June 20	<u>19_53</u> _	
SUPPORTING	Type of Documen	•	APPLICAN	DO NOT WRITE BELOW THIS I By whom issued and signed	INE	Date Legued	Date Orig. Entry	
RECORD 1-	1	Dr. Wm. J.		College of Idaho		Nov. 11,		
	Date of Birth		DOOME	Full Name of Mother		Name of Fathe		
Class* A				1		Name of Fathe	or ·	
	Nov. 11, 18		ll, Ida				•	
SUPPORTING RECORD 4-	Type of Document			By whom issued and signed	Date issued	Date Orig. Entry		
	School Record			College of Idaho			Sept. 19, 190	
	Date of Birth	Birth Place		Full Name of Mother		Name of Fathe	r	
ClassB	ll years ol	d						
SUPPORTING RECORD 3-	Type of Documen	it		By whom issued and signed		Date issued	Date Orig. Entry	
	Date of Birth	Birth Place		Full Name of Mother		Name of Fathe	<u> </u>	
Class								
QUALIFYING INFORMATION		<u>.                                    </u>		J,	·			
REGISTRAR'S CERTIFICATION		that document		ertificate has been found in ce has been reviewed, which				
, ,	State Registrar			Evidence reviewed by	V		Date Filed	
	ii. ii. Benaon			Maly Feeln		Apr. 18, 1952		

DELAYED CERTIFICATE OF State file bo. \_\_\_\_\_\_ describent of Public desire STATE OF CHARG Cost less less. estration of viral statiantes odeti.s. ideho ice . Dist. No. ATTER TO STATE STATE BEEN AL BITCH TAMETE 1938 95 DE 20 IVA: Person whose Ada Norine Isanc / vo 1681 / 11/ ignies al danie zes I south to to do .? S. Piace of dieth bereitiens \*#\*\*40° - 8 mor to viil. See Ferrer Ferrer (aldwell Canvon State of Country deriff a redset Men York Willer Heary Insic to self sales to see of Motors State or Country of Mother's direct Add Caroline Mac. territ held to assicht inese ? ... 10. Signalize of Registres! spore statements are frue to the . to led bee este least on to last. Calcimell. Ideno THE SECOND OF THE PART AND THE TO DESCRIPTION OF THE PARTY OF THE PART 12. Stansters of Rotory 25. Notery Commission expless eds to select NAME OF BUTCH SOUTH PLANS Same of Father full Base of Hether and the second of the second o By reas L. aund and mi anga reamont to ear. SHITTONNE WING STATE Letona for the dette de accord account softman Date of Birth Sirts Place andton to seed (185 المنافعة المنافعة bensiz and pousel more vo Type of Cocament bute brig. Beter bemel stall CHITPOPS IS man fe Birth de -it blace done of fainer For same of the tree RECEIVED Commission of the prior birth certificate has teen tough in the Division of Vital Statistics for this CERTIFICATION or the second terms and decementary evidence has been reviewed, which archaentiages the facts es set forth in the second contract. State Registra: Sette File! Exidence any investigation A. 13, 1922 ranged . 3 than a depart, for three mais and select hafore the ang agranus fourth phrind ... Coast B Second are concerned. They the fourth according to the at least a very old.

313-202-040-236 State File No.De52-2679 United States (Be sure the information is as of date of birth of THIS child) Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. Bureau of the Census STATE OF IDAHO Reg. Dist. No..... 1. PLACE OF BIRTH (All items at time of this birth) 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) County Shawn (b) City FRISCO (a) State TOANO (b) County Shaus (c) Street Address or R.F.D. No. (c) City FRISCO Shoshand (d) Name of Hospital or Maternity Home: (d) Street Address or R.F.D. No..... Own Home (e) How long has MOTHER lived in Idaho? vrs (e) Mother's stay BEFORE delivery: 3. RESIDENCE OF FATHER (city, state) IN THIS county / / years 4. FULL NAME 🤇 Date of Birth of Child OF CHILD SARAHWYALLENTIRE (Month, day, year) HPRII 2. If so-born 18. No. months 9. Legitimate? Yes 1st, 2nd, 3rd of Pregnancy MOTHER OF CHILD FATHER OF CHILD 17. Color 18. Age at time 11. Color 13. Birthplace Middle Mindle Man England (State or foreign country) 19. Birthplace USRUSRIAM Eng 14. Exact Exact. Occupation Minar Occupation Housewite 15. Industry or 21. Industry or Business Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother; (a) At time of birth and including this child No 206(b) Born alive and now living ATTENDANT'S CERTIFICATE 24. I HEREBY CERTIFY That I attended the birth of this child, who was Bern ... (Born alve.) related to this child as Mother (Mother, etc.) 25. Attendant's **OWN** signature Midwife State of Penna sss. AFFIDAVIT to be completed when the attendant does not sign in Item 25. County of Fayette (Mother, etc.) in Item 4, above, that I am now gears of age, that I have known this person for Birth years, and that T further state that (Last name) (Last name) (Last name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Markleysburg, Pa., P. O. Address walk Notary Public, residing at Markleysburg (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on April 21

#### DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-130-006-689 Bepartment of Public Health DELAYED CERTIFICATE OF BIRTH State File No De52-2868 STATE OF IDAHO Locai Reg. No.\_\_\_\_ Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_\_ 1. Registrant's Full Name at Birth **REGISTRANT** 2. Date (month) (dav) (year) Walker Stull Wright Of 1891 30th (Person whose November Birth Birth is being 3. Color or Race 4. Sex 5. Place of Birth registered) b.City or Jown of Birth Blackfoot a. County Male Bingham White 6. Full Name of Father **FATHER** 7. State or Country of Father's Birth Illinois David Darwin Wright 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Cassandra Whittaker Utah 10 Signature of Registrant AFFIDAYIT I hereby declare upon oath that the 11. Present Address of Registrent above statements are true to the Malker Stull Wright Blackfoot.Idaho. best of my knowledge and belief. NOTARY (Seal) Subscribed and sworn to before me on 12. Signature of Motary 13. Notary Commission expires 19 52. September 24th 19 55. May 29th. APPLICANT DO NOT WRITE BELOW THIS LINE By whom issued and signed Type of Document Date saued Date Orig. Entry SUPPORTING RECORD 1-Western Life Insurance Co. Application for Insurance March 181 1939 Date of Birth Birth Place Full Name of Mother Name of Father Class\* B Nov. 30, 1891, Blackfoot, Idaho Type of Document By whom issued and signed SUPPORTING Date issued Date Orig. Entry RECORD 2. Application for Insurance Reliance Life Insurance Co. Aug. 7, 1913 Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_\_B Nov. 30, 1891, Idaho Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 3-Certificate of Baptism June 18, 1892 Jason Lee Memorial Methodist Church Mame of Father Date of Birth Birth Place Full Name of Mother

Class\_\_A Nov. 30, 1891 Cassie Wright David Wright QUALIFYING. IN FORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this

registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the

W. W. Benson \*Class A Records are those made and dated before the Registrant's fourth bithday. Class B Records are those made after the fourth birthday but are at least 5 years old.

REGISTRAR'S

CERTIFICATION

(seal)

FORM DPH 49067

foregoing abstract.

State Registrar

June 3, 1952

Date Filed

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Boise, Idaho				Reg. Dis	t. No
REGI STRANT	1. Registrant's Full Name at Birth		2. Date Of	(month)	(day) (year)
(Person whose	Edna Clara Rich		Birth	Aug.	14, 1891
Birth is being registered)	3. Color or Race 4. Sex 5. Pla	ce of Birth a.County	b.	City or Town ø	f Birth
FATHER	6. Full Name of Father Heber Ch	arles Chase Rich	1 '	r Country of F	
10 THER	8. Full Maiden Name of Mother Edna Ma	tilda Shepherd	I	r Country of M ver, Utah	other's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the beat of my knowledge and belief.	Elara Fr. Ju	The	Velame	es of Registrant
NOTARY (Seal)	Subscribed and sworn to before me o	n 12. Signature of Notary	13	. Notary Commi	ssion expires
	pune 5 1952	: Jesephine Can	nier 1	ly Commission E	xpires Mardo 2, 1956
	APPLIC	ANT DO NOT WRITE BELOW THIS By whom issued and signed	LINE	I Dada Jaawad	ID-A- Onla P-A-
SUPPORTING RECORD 1.	Record of Pioneers and Pr			Date issued	Date Orig. Entry
	Date of Birth  Birth Place	Full Name of Mother	lather)	Published Name of Fathe	r 10 1913
class*B	Aug 14, 1891, Paris, Idal		erd		rles Chase Ric
SUPPORTING	Type of Document	By whom issued and signed		Date issued	Date Orig. Entry
RECORD 2-	Family Group Genealogy	Family Record			
	Date of Birth Birth Place	Full Name of Mother			
ClassB	Aug. 14, 1891, Paris, Idal	no }			
SUPPORTING	Type of Document	By whom issued and signed		Date issued	Date Orig. Entry
RECORD 3-	Child's birth certificate	Filed with the Bure Vital Statistics. Be	Filed with the Bureau of Vital Statistics, Boise, #768		
•	Date of Birth Birth Place	Full Name of Mother	•	Name of Fathe	Г
Class_B	27 yrs old Idaho				
QUALIFYING INFORMATION					
	-				
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birt registrant and that documentary evi foragoing abstract.	h certificate has been found i dence has been reviewed, which	n the Divisi substantiat	on of Vital St es the facts a	atistics for this s set forth in the
(seal)	State Registrar	Evidence reviewed by			Date Filed
	W. W. Benson	Ocar Oardan			June 9, 1952

ATTO RESTURBELITE OF BIRTH West and the state of the state merchinal public heal th 1004 454 30. STAR OF LESS galvers and latter to hale to be 00 (54) (42) 48 .UK .1210 IDAR E Date 12: It is own the promite on it. (Nº DOM) 110041 Test -1-14 encions . 3#A G.rth. Line Chara Lich XC JOSEPH CONTROL OF THE PARTY dining to obe ? ? SAFT IN TO MUCH TO YELD A Total to see The .... t. State of Country of Father's Birth Centerville, Utak haber Coarles Chass Rich Sists or Country of Mchor's Birth A Maridan Ages of Rother Jeaver, Stan District State State and deciare upon outh that the 10-3 preture of secretary of the 10-3 preture of secretary of the 10-3 preture of secretary of the 10-3 preture of secretary of the 10-3 preture of the 10-3 pr transmit Address of Begintent - ice of the entry ledge and heller. special to equipment. It is no an exacted of event him held at the Metery Chartesian and Ma SEL 2 TO THE CONTROL OF THE SECOND STREET - # 2 a sa Street Lake THE LOSS OF THE PARTY AND THE Cara tacced - Cate Colla Collary free of Mean cas 19 /31. 3 Aprile 30 2230 THE C PARTY variet to east flat PERSONAL PROPERTY OF THE PROPERTY OF THE PARTY tal sales fate (r s. totry Search Sales at 1 Sales Tree of Decument and the const . C2224 Caclesto. Thos TOOS WILLY mitted to make 638 14 1519 Jule 5: 5:51 tell to see ... 14 - Las 210 Act. M. 1891, Paris, Land Date | Young | Date Orig. Bates Senala bus bessel dock tastion of a prof SHITHERA to ascend out eiter bulk Child's birth co.tiffrets Cec. 22.1719 weight and the second of the s TO BEEN OF SERVICE TO BEEN! Charta D onell bio say ON TO HIS 163.4 Apprely Freity that no prior birth contificate has even found in the Orbition of Vital Statistics for this The continue and that documentary suldence has been emissed, which existent uses he total as set from the the Contient Manual 11272 ball nich 'd beselver comes va 18 184 : 29 PML2 Line of other mosass . T. . green a favores are those and nated before the construction to the construction. class y seconds are toose rade after the fourth private but are at least 5 years ofd.

106-695

Bu	partment of Commerce CERTIFIC	is as of date of birth of THIS child.)  CATE OF BIRTH  ATE OF IDAHO	State File No. De52-29: Local Reg. No
4.	PLACE OF BIRTH (All items at time of this birth)  (a) County Bingham (b) City Basalt  (c) Street Address or R.F.D. No none  (d) Name of Hospital or Maternity Home:  none  (e) Mothers stay BEFORE delivery: In TRIS county X years 10 months XX deformation of the county A years 10 months A years of the county	2. USUAL RESIDENCE OF M  (a) State	OTHER (At time of this birth (b) CountyBingham D. No none  ER lived in Idaho?10moy (city, state)Basalt, Idaho
<b>d</b> <b>8</b> 6	7. Twin or If so—bo Sex Male Triplet no 1st, 2nd,	$_{\text{No.}}$ 3. No. Molitis , 3rd $_{\text{XXX}}$ of Pregnancy $_{\text{nin}}$	e 9. Legitimate? Yes
11 11 12 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17	FULL NAME Reese D. Jones Color 12. Age at time of THIS birth 24 y Birthplace Fry Forrest, South Wales, Brit (City or town) (State or foreign country) Exact Occupation Farmer Industry or Business XXXXX Name prophylactic used to prevent Ophthalmia Neon Number of children of this mother: (a) At time of b ATTENDA I HEREBY CERTIFY That I attended the birth of this and at the place stated above, and that personal par	17. Color or Race White  19. Birthplace New York  (City or town)  20. Exact Occupation Housewi  21. Industry or Business XXXXXX  natorum None  oirth and including this child 3 (b)  ANT'S CERTIFICATE  child, who was  (Born alive, stillborn)	of THIS birth 21 y City, New York (State or foreign country) fe  Born alive and now living 2
nce pa	who is related as(Mother, etc.)	(First nam	ne) (Last name)
25.	Attendant's M.I OWN signature Mid	D. Address dwife	Date
, —		<del></del>	
Co in sta	Item 4 above, that I am now years of age  (First name)  (Test name)	(Mother, etc.) e, that I have known this person for who attended this birth.	dant does not sign in Item 2 he person whose name apper years, and the sed or (Cannot be located) esire to have this birth recon

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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393-2/0-029-393
                                       DELAYED CERTIFICATE OF BIRTH
                                                                                             State File No De52-3015
                                                   STATE OF IDAHO
                                                                                             Local Reg. No._____
Division of Vital Statistics
                                                                                   1952
                                                                       MAY 1
Boise, Idaho
                                                                                              Reg. Dist. No.___
                    Hanna Victoria Lilliegren
              1. Registrant's Full Name at Birth
REGISTRANT
                                                                              2. Date
                                                                                         (month)
                                                                                                      (day)
                                                                                                                (year)
                                                                                  0f
(Person whose
                                                                                 Birth
                                                                                                                 1891
                       Hanna Victoria Lilljegren
                                                                                           December
                                                                                                         10
Birth is being
              3. Color or Race 4. Sex
                                          5. Place of Birth
registered)
                                                              a. County
                                                                                      b.City or Town of Birth
                               Female
                  White
                                                                 Latah
                                                                                           Trov
              6. Full Name of Father
FATHER
                                                                              7. State or Country of Father's Rirth
              Aron Lilljegren
8. Full Maiden Name of Mother
                                                                                            Sweden - Stockholm
MOTHER
                                                                              9. State or Country of Mother's Birth
                                                                                       Sweden - Stockholm
                      Selma Lilljegren
              I hereby declare upon oath that the
AFFIDAVIT
                                               10. Signature of Registrant
                                                                                     11. Present Address of Registrant Bridgeport Ave.
              above statements are true to the
              best of my knowledge and belief.
                                                             A. Hillis aren
                                                                                          Spokane 27, Wash.
                                                   124 Signature of Hotar
                                                                                      13. Notary Commission expires
NOTARY (Seal)
              Subscribed and sworn to before me on
                                         1952
                                                   - DO NOT WRITE BELOW THIS LINE
By whom issued and signed
                                          APPLI CAME
                                                                                                       Date Orig. Entry
SUPPORTING
                                                                                         Date saued
RECORD 1-
                                                                                         5-25-山
                                                      Prudential Life
                Insurance Policy
              Date of Birth Birth Place
                                                    Full Name of Mother
                                                                                         Name of Father
               Dec. 10, 1891, Idaho
Class* D
              Type of Document
                                                   By whom issued and signed
                                                                                         Date issued
SUPPORTING
                                                                                                       Date Orig. Entry
RECORD 2.
                                                    #163 State of Washington
               Child's birth certificate
                                                    Adeline Marion Pentz
                                                                                                       1-21-20
              Date of Birth Birth Place
                                                   Full Name of Mother
                                                                                         Name of Father
Class___B
               28 yrs old
                                Idaho
              Type of Document
                                                   By whom issued and signed
SUPPORTING
                                                                                         Date issued
                                                                                                       Date Orig. Entry
RECORD 3.
               Affidavit by sister
                                                                                        6/23/52
Name of Father
                                                     Emma C. Schroder
              Date of Birth Birth Place
                                                    Full Name of Mother
Class___
               Dec. 10. 1891 Troy, Idaho
                                                     Selma Lilljegren
                                                                                          Aron Lilljegren
QUALIFYING
IN FORMATION
REGISTRAR'S
              I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this
              registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the
CERTIFICATION
              foregoing abstract.
    (seal)
              State Registrar
                                                    Evidence reviewed by
                                                                                                      Date Filed
                  W. W. Benson
                                                        Edna Hamilton
                                                                                                       July 14, 1952
*Class A Records are those made and dated before the Registrant's fourth birthday.
                                                                                                               1952
Class B Records are those made after the fourth birthday but are at least 5 years old.
 Form DPH 49067
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DELAYED CERTIFICATE OF BIRTH 101-11-11 To see Stadies the Combination The said was a CHALL OF THESE and the read that the nation of Ang State No. odery vesto AP E IS COLUMN 1 ored 'S Season But 1971 THE TOTAL THE SE Infried : 1 ME: 18 3. (2) or 7 men (4: 3ex V. Place of Mires Landing diale to F 10 Y 64.983 39 de la decembre de entrese de estate ... Tenter to such flux. A Stelle or County of Posterio Co. micdesc 20 a not to the case of the state of the case of the state of the state of the state of the state of the case of the state of the case of the state of the case of the state of the sta the President to a large property of THE TAX A SECOND deriexa pina am A PARTY OF THE PAR THE LOCK WAS ASSESSED. C.A. SAT The same wife of Pirth Birth Clace TALL NAME OF BOLLER Date Orls. Dates CAMPELLY THE DI LECEBER 1 formati bun bessen inc. (I of the logarity of · 050039 Mithopologia is in initial and in the contract of the contract to the of the or Date of Birth Birth Clace class Lio Fas ta B. sealed THE PARTY OF THE PARTY OF Sale least Bate Origi Laury being bes bettes end viene 1000 Totals No. 12 12 AND THE PROPERTY OF THE PARTY O Pace III don' emove this is a walle. OC METERIAGE 粉. 沃德(教) Colorada & I territy that approve that he expenses to agent them a second to the State of the state of the sales of the state of the state of the sales of the sa **的**[[10]] Joan san princeral. (less) Test contract to State Rec strer To I'V ATEL 19800 4 ing = 14. 1952 Clarge A Records are referred and state of a garage of the control trace & Record. the three med, while the the the helicity in the property of least worder at

Department of Commerce  STATE OF IDARIO  STATE OF IDARIO  1. PLACE OF BREEF (All tems at time of this birth)  2. USUAL RESIDENCE OF MOTHER (At time of this birth)  (c) Street Address or R.F.D. No.  (d) Name of Rospital or Maternity Home:  (e) Mothers stay BEFORE delivery:  10 FULL HAME CONTAINED BUILDING (WELLOW)  (e) Triplet Its o-born of Sex Juneal Triplet Its, 2nd, 3rd  OF CHILD. 7. Twin or Its o-born of Sex Juneal Triplet Its, 2nd, 3rd  10. FULL FARKE OF CERILD  11. Colors P. L. Age at time of THIS birth 14 y.yrs.  12. Birthplace Minmend Mine Triplet Its, 2nd, 3rd  13. Birthplace Minmend Mine Triplet Its, 2nd, 3rd  14. Cocupation Juneal Mine Contained City of the Sex Juneal Its or Se	94	United	l States		(Be sure the	informat	ion is as	of date	of birth of THI	S child.)	State File	No De52- 3	058
Bureau of the Census  STATE OF IDARIO  1. PLACE OF BIRTH (All liems at time of this birth)  (a) County  (b) City  (c) Street Address or R.F.D. No.  (d) Name of Hospital or Maternity Home:  (e) Mothers stay BEFORE delivery:  (ii) Trills county  (iii) Mothers stay BEFORE delivery:  (iv) Mothers stay BEFORE delivery:  (	_ #	Depart	tment of Co	ommerce							Local Reg.	No	
(c) City Total  (d) Name of Hospital or Maternity Home:  (e) Mothers stay BEFORE delivery: In THIS county years / months /6 days  (e) How long has MOTHER lived in Idaho? 5. yrs.  3. RESIDENCE OF FATHER (city, state) The place of Birth of Child years / Month, day, year) Month of Sex Jerus 17. Twin or If so—bord with the place of Birth of Child years / Sex Jerus 18. No. months 9. Legitimate?  FATHER OF CHILD  10. FULL MINE Columnal Size at time of THIS birth 24. yrs. Or TRICE OF CHILD  11. Age at time of THIS birth 24. yrs. Or TRICE OF CHILD  12. Age at time of THIS birth 24. yrs. Or TRICE OF CHILD  13. Birthplace Windows of City town (City or town)  14. Exact  15. Industry or Business  15. Age at time of this child who was.  16. Exact  17. Twin or If so—bord of THIS birth 24. yrs. Or TRICE OF CHILD  18. Age at time of THIS birth 24. yrs. Or TRICE OF CHILD  19. Birthplace Windows (City or town)  19. Birthplace Windows (City or town)  19. Birthplace County of the place stated above, and that personal particulars were furnished by (First name)  19. The place of this mother: "(a) At time of birth and including this child who was.  19. The place of this place of the place stated above, and that personal particulars were furnished by (First name)  19. The place of this place of the place stated above, and that personal particulars were furnished by (First name)  19. The place of this place of this place of the place stated above, and that personal particulars were furnished by (First name)  19. The place of this place of this place of the place stated above, and that personal particulars were furnished by (First name)  19. The place of this pl	<b>1</b> 5	Bureau	u of the Cer	nsus		<b>———</b>							
(c) City Total  (d) Name of Hospital or Maternity Home:  (e) Mothers stay BEFORE delivery: In THIS county years / months /6 days  (e) How long has MOTHER lived in Idaho? 5. yrs.  3. RESIDENCE OF FATHER (city, state) The place of Birth of Child years / Month, day, year) Month of Sex Jerus 17. Twin or If so—bord with the place of Birth of Child years / Sex Jerus 18. No. months 9. Legitimate?  FATHER OF CHILD  10. FULL MINE Columnal Size at time of THIS birth 24. yrs. Or TRICE OF CHILD  11. Age at time of THIS birth 24. yrs. Or TRICE OF CHILD  12. Age at time of THIS birth 24. yrs. Or TRICE OF CHILD  13. Birthplace Windows of City town (City or town)  14. Exact  15. Industry or Business  15. Age at time of this child who was.  16. Exact  17. Twin or If so—bord of THIS birth 24. yrs. Or TRICE OF CHILD  18. Age at time of THIS birth 24. yrs. Or TRICE OF CHILD  19. Birthplace Windows (City or town)  19. Birthplace Windows (City or town)  19. Birthplace County of the place stated above, and that personal particulars were furnished by (First name)  19. The place of this mother: "(a) At time of birth and including this child who was.  19. The place of this place of the place stated above, and that personal particulars were furnished by (First name)  19. The place of this place of the place stated above, and that personal particulars were furnished by (First name)  19. The place of this place of this place of the place stated above, and that personal particulars were furnished by (First name)  19. The place of this place of this place of the place stated above, and that personal particulars were furnished by (First name)  19. The place of this pl	¥ .	1. PL	ACE OF BI	RTH (All ite	ems at time of t	his hirth)				NCE OF MO			
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6 Sex Jewal Triplet 1st, 2nd, 3rd of Pregnancy 9. Legitimate?  10. FULL Color 12. Age at time of THIS birth 24 yrs. or Race White 1st, 2nd, 3rd or Pregnancy 1st. Industry or Race White mother: 'Ga) At time of birth and including: this child the property of the person whose name appears of the undersigned, being first duly sworn, say that I am the Color of the person whose name appears of the undersigned, being first duly sworn, say that I am the Color of the person whose name appears of the under Chapter 139, 1337 Session Laws.  Subscribed and sworn to before me this.  Subscribed and sworn to before me t		4. FU	LL NAME	Ethel	mario	Bu	delen	بال	The for 5. To	ate of Birth Month. dav	of Child vear) <b>222</b>	au 25 K	791
10. FULL FATHER OF CHILD  11. Color or Race. White of this birth 24 yrs.  12. Age at time of this birth 24 yrs.  13. Birthplace Wernstram Control (City or town) (State or forest country)  14. Exact (City or town) (State or forest country)  15. Industry or Business  15. Industry or Business  16. ATTENDANTS CENTIFICATE  17. Color or Race. White this mother: '(a) At time of birth and including this child the property of this mother: '(a) At time of birth and including this child the property of this mother of this child, who was.  18. ATTENDANTS CENTIFICATE  19. Birthplace Unity Senting Control of Centificate above and that personal particulars were furnished by  19. Birthplace Unity Senting Control of Centificate above are true to the best of my knowledge, and that J desire to have this birth record-  18. ATTENDANT CENTIFICATE  18. ATTENDANT CENTIFICATE  18. ATTENDANT CENTIFICATE  19. BIRTHPLACT COLOR OF COLOR OF C	귤충철		_	- 7.	iwin or	II 80-	—porn	(	8. No. mor	iths		U	
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and at the place stated above, and that personal particulars were furnished by  who is related as.  (Mother, etc.)  25. Attendant's  County of  L, the undersigned, being first duly sworn, say that I am the County of in Item 4 above, that I am now  (First name)  State of  (Mother, etc.)  I, the undersigned, being first duly sworn, say that I am the County of in Item 4 above, that I am now  (Mother, etc.)  (Is to be completed when the attendant does not sign in Item 25.)  (Mother, etc.)  (Mother, etc.)  In the undersigned, being first duly sworn, say that I am the County of the person whose name appears of age, that I have known this person for the person whose name appears (Is now deceased) or (Cannot be located)  (Is now deceased) or (Cannot be located)  Subscribed and sworn to before me this  (SEAL)  (Noter) Public, residing at County I adaho; see Sec. 17-914, Idaho Code Annotated.)	400					ATTE	NDANT'S	CERT	Tricate	772			
and at the place stated above, and that personal particulars were furnished by (First name) (Last name)  who is related as (Mother, etc.)  State of		24. I	HEREBY CI	ERTIFY The	it I attended the	birth of	this child,	who '	was	iei Taniniiniaan	at	M. on the	date
who is related as (Mother, etc.)  25. Attendant's M.D. Address Date    State of County of I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the undersigned, being first duly sworn, say that I am the Man Substitution of the person whose name appears (Mother, etc.)    I, the	496				ملحم وسيا	وسنتوب			(Born alive, s	tiliborn)			
who is related as  (Mother, etc.)  Date    M.D.   Address   Date							of	rs wer	e turnisned by	(First name	······································	(Lest name)	
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OWN signature  Midwife  State of  County of  I, the undersigned, being first duly sworn, say that I am the County of the person whose name appears (Mother, etc.)  In Item 4, above, that I am now  (First name)  (Iast name)  (Is now deceased) or (Cannot be located)  state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.  Subscribed and sworn to before me this  (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	Stan				(Mother, etc.)		•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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in Item 4, above, that I am now 6.5 years of age, that I have known this person for 7 years, and that 6.5 (First name) (Last name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.  Signature  P. O. Address  Subscribed and sworn to before me this day of (SEAL)  (Note: Persiury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	20 20 20	County	y 01	*************	************************	}		(To be	completed where	n the attend	lant does no	t sign in Item	25.)
in Item 4, above, that I am now	M A S	I,	the undersi	gned, being	first duly sworn	, say that	I am the	Bas	. Ja Lai	of th	e person w	hose name app	ears
(First name) (Last name) (Is now deceased) or (Cannot be located)  state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.  Signature  P. O. Address  Subscribed and sworn to before me this  (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	E SE				1.5				(Mother, etc.)		1.	_	
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state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- under Chapter 139, 1937 Session Laws.  Signature  P. O. Address  Subscribed and sworn to before me this  (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	A C	, <i></i>	UY L	FOURT	<i>N</i>		,	who a	attended this bir	th AVR	CRCIAI	ـــــــــــــــــــــــــــــــــــــ	rther
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Subscribed and sworn to before me this day of (SEAL)  (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	AE-	ed un	der Chanter	139, 1937 S	erinicale above Session Laws	are true	to the be	St OI II	iy knowledge, al	id that I ge	sire w nave	e this birth rec	:oru-
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Will Received for filling on July 29, 1952 hw W. W. Benson Registers	2.5	(N	ote: Perju	ry is punisi	nable as a felon	y in Idah	o; see Se	c. 17-9	14, Idaho Code <i>A</i>	(nnotated.)			
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### **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 17 1952

351-229-003-299 Bepartment of Public Health DELAYED CERTIFICATE OF BIRTH State File No. De52- 3192 STATE OF IDAHO Division of Vital Statistics Local Reg. No.\_\_\_\_ Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (day) (year) Julia Kate Sears or August 29 1891 (Person whose Birth is being 3. Color or Race 4. Sex White registered) 5. Place of Birth a. County b.City or Town of Birth Bannock Pocatello Idaho 6. Full Name of Father Hardy Sears **FATHER** 7. State or Country of Father's Birth Missouri MOTHER 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth Mary Alice Bridger Iowa AFFI DAY! T I hereby declare upon oath that the 10. Signature of Registrant 11. 1002 Address of Registrant above statements are true to the best of my knowledge and belief. Rupert Idaho Subscribed and sworn to before me on 12. Signature of Notary HOTARY (Seal) 13. Notary Commission expires manet 26 1952 Lanuam / 19 5 APPLICANT ON NOT WRITE BELOW THIS LINE By whom issued and signed Type of Document SUPPORTING Date Issued Date Orig. Entry RECORD 1. 4/7/52 Census record of 1900 Roy V. Peel June 1, 1900 Date of Birth Birth Place Full Name of Mother Name of Father Class\* B 8 yrs old Idaho Mary Sears Type of Document By whom issued and signed SUPPORTING Date issued Date Orig. Entry RECORD 2. 4/7/52 Census record of 1910 Roy V. Peel April 15, 1910 Date of Birth Birth Place Full Name of Mother Name of Father В Class 18 yrs old Idaho Mary A. Sears Hardy Sears Type of Document Affidavit from By whom issued and signed SUPPORTING Date issued Date Orig. Entry RECORD 3-Woman's Benefit Association Became member re membership, etc.
Date of Birth Birth Place Dorothy W. Needham. Sec. 8/18/52 on Nov. 28, 1922 Full Name of Mother Name of Father В Class Aug. 29, 1891 Pocatello, Idaho Mary A. Bridges Hardy Sears **OUALIFYING** INFORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) State Registrar Evidence reviewed by Date Filed W. W. Benson Edna Hamilton Sept. 3. 1952

Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

<sup>\*</sup>Class A Records are those made and dated before the Registrant's fourth birthday.

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Sept. 3. 1952			Edne tentiton	206	T. N. Eer	

585-	JZD-000-349 UELA	TED CERTIFICATE OF BIR	TIN	State Fi	le No. <u>De52-3224</u>	
Division of Vi		STATE OF IDAHO		Local Re	g. No	
Bolse, Idaho				Reg. Dis	t. No	
REGI STRANT	1. Registrant's Full Name at Birt	th	2. Date	(month)	(day) (year)	
(Person whose Birth is being	Lois Irene Eynon		Of Birth	July	20 <b>1891</b>	
registered)	3. Color or Race 4. Sex 5. F	Place of Birth a.County Bingham	b.	city or Town o		
FATHER	6. Full Name of Father		7. State of	r Country of F		
-	JOHN L. EYNON		τ	<b>Jtah</b>		
MOTHER	8- Full Maiden Name of Mother		9. State o	r Country of M	other's Birth	
3.5	Lois Ann Curtis		Ţ	Jtah		
AFFIDAVIT.	I hereby declare upon oath that t	the 10. Signature of Registrant	11	. Present Addr	ess of Registrent	
	best of my knowledge and belief.	Lois J. Eyure C	îmi.	Jackson	. Wyoming	
NOTARY (Seal)	Subscribed and sworn to before me	on 12. Signature of Notary	/  13	. Notary Commi		
<i>3</i>	6th day of September 19 5	52 Cua a Van	pec -	August I	<u>19 56</u>	
	APPL	By whom issued and signed	ÎNE			
SUPPORTING RECORD 1.				Date issued	Date Orig. Entry	
	Genealogical Record	Family Record			July 20, 1891	
	Date of Birth Birth Place	Full Name of Mother		Name of Fathe	r	
Class* A	July 20, 1891, Victor, Id	daho Lois Ann Curtis		John L. Eynon		
SUPPORTING RECORD 2-	Type of Document	By whom issued and signed		Date issued	Date Orig. Entry	
	Church Record	L. D. S. Church		Aug. 9, 18	191	
	Date of Birth Birth Place	Full Name of Mother		Name of Fathe	Γ	
Class A	July 20, 1891, Victor, Id	daho Lois Ann Curtis		John L. E	ynon	
PORTING CORD 3-	Type of Bocument	By whom issued and signed		Date issued	Date Orig. Entry	
788 * ·	Date of Birth Birth Place	Full Name of Mother	· · · · · · · · · · · · · · · · · · ·	Name of Fathe	r	
Class						
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)		rth certificate has been found in widence has been reviewed, which				
(3641)	State Registrar	Evidence regiewed			Date Filed	
	W. W. Benson	Make 15 ed	<u>u</u>		Sept. 9, 1952	
*Class A Recor	ds are those made and dated before	the Registrant's fourth birth ay	•			

Class A Records are those made and dated before the Registrant's frourth birthday.

Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERCENCEDENT OF BIRTH State Fire No. 105 1-1221 70 E .ocal Rec. Ho. service laboration to rectaliate edet; 1759 No. Bist. For Wind to week for a few as a large land. T 449 TE . 3 39 grette. 5 (senis) 744 SERGE CORNET! THE Lois liens in a 477 18 140145 El 1823 relater . S. Caler or Page A. Sax F. Flace of sirth dowls to men to white d VI SUUD LE a or a Table e malenge for Tell Here of Father ATTER OF COMPANY OF TRANSPORT OF LITTER Lamies see of hother desid a restant to value of their a lines Towns declare upon cont the lis freque telepase of Registrant W. Manatore at Recentert James att towards are true to the the of the section of the left. antaren . Marinal NEW FUE SMARE and south to being an is. Notary telepristics ouriess IZ. Menature of actary SE A THOUSAGE IS INDICATED AND THE W 81 and the wife laund bell bound of Tree of Deciment S. SPORTING 1381 200 TM Sanily water General Secord Full Rune of Methat Date of Birth Birth Flore sees of Father active at mice BUTTOU MAN A TABLE TOP TO THE Tion to be de la mort CHARLES HE ALC: 92 TANK i. I. S. Imurch Sourch Lewis Teals To seal eners divise Myle to was Full Home of Mother i an E. Symon 1951, dependence of the contract of the contra TELES AND LUTTES Date : sound | Date Offic. Eries bennie bas beuge and signed Date of Sirth Sirth Place Pull Hame of Spiker 22513 DAILE TO been carried that an arian of the case from the die the Division to state that the latter ter this 2 249 12 1035 registrate and that commenter evidence has been reviewed, which suitates the facts as set forth in the MOTTASH TITOTO through no about set. 1 44 46 50 ---State Mari at all A DOWNER OF BUILDING Sept. V. 195 TOTAL LEGISTON - CLEAR COTE OT STREET A PASSO" 治院 化超越美国地震 经一种证明 Same a Feedbank and the tree to TOTAL MAN AND AND ALL

Mapartment of P	ublic Health	- OLLAILI	CERTIFICATE OF BII STATE OF IDAHO			le No. <u>De52 3385</u> g. No
Division of Vit Bolse, Idaho	al Statistics					t. No
REGISTRANT	1. Registrant's	Full Name at Birth		2. Date	(month)	(day) (year)
Person whose	5POI	P.115	SELL of Birth a. County Now ANYON Co - GEM	Of Birth	DEC	3/ 1891
irth is being registered)	3. Color or Race	A. Sex 5. Plac	e of Rirth a County Now	<del>                                     </del>	b.City or Town o	
913181847	WITE	MALE C	ANVON CO- GEM	Em	METT	IDAHO ather's Birth
FATHER	6. Full Name of 1	Father		7. State		
	THOMA	AS RUSSE	LL	ITR	ELANI	7
IOTHER	8. Full Maiden Na	me of Mother		1 -	or Country of M	other's Birth
	ELIZA	BETH upon oath that the	705E	UZ	TAH	
AFFI DAVIT	i hereby declare	upon oath that the	10. Signature of Registrant		11. Present Addr	ess of Registrant
	above statements best of my knowle	are true to the	Frank Russ	ell	EXEPE	TT WASH
IOTARY (Seal)		worn to before me on			13-Matary Comi	shien are ires
-1	_				of Washington	recidence of the
	ce	18th 1952	1//// 6	2	Commission	n, residing of Evere Expires May 21, 45
<del></del> .		APPLICA	By whom issued and signed	INE		·
UPPORTING ECORD 1-	Type of Document		By whom issued and signed		Date issued	
	Family rec		Sall Mana of Modbon		Name of Fathe	Dec. 31, 189
	Date of Birth B	irth Place	Full Name of Mother		Mame of Fathe	ır
lass* A	Dec. 31, 189	1 Emmett, Idaho				
SUPPORTING	Type of Document		By whom issued and signed Idaho State Life Ins	Date issued	Date Orig. Entry	
RECORD 2.	Application	for Insurance	Idano btate Life in	July 14. 1	921 July 14, 1	
	Date of Birth Bi		Full Name of Mother		Name of Fathe	
ClassB	Dec. 31. 189	1 Emmett, Idaho				
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth B	irth Place	Full Name of Mother	<del></del>	Name of Fathe	
Class						
UALIFYING NFORMATION						
-						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify registrant and ti foregoing abstrac	hat documentary evid	certificate has been found in ence has been reviewed, which	the Divi substanti	sion of Vital St ates the facts a	atistics for this s set forth in the
(5001)	State Registrar	***	Evidence reviewed by			Date Filed
	W. W. Benson		Edna Hamilton			Oct. 22, 1952

DELAYED CERT ENCATE OF BIRTH Mary Fire to Card State mestager af Fulilo Hastit STATE OF TRAFFO ion and troo! division of alial Statistics offeri srien on tell ook dr if to some Tint's constaling it That ties n es (1) SECRET WEEKS Les' - 1 to 12 satisfie at Mr. a s. Other or recel S. Place of Bitth perforaty dial expedience visions to any todas I open linita L Sall Maide: Rome of Bother And a traduct to yill and to start of THE AND SHEET THE THE THE THE 1 Propert Address of Seelstreet TE OF COURSE FOR net of early are singulate and dost of my kendledoe and be test. sattem coinsismo er of it IL SENDEN Spinori bed and sworn to meter ne on THE PARTY OF THE PARTY OF vates pres bles I res of Decreat 1891 . 1891 handy wind STATE OF STATE OF SECOND Full Hear of Hothar ies. 91. 18 1 meett est de le fatte TO THE DOLL ! THE TO Transpired to ment DAITING ... - 690°-10 Anti-rection for Insurance Man Man Line I will be the second To the fact to red; stam of thother man of the state Piece S Leep b trems 13 . 18 . aet Lasts Orlas Entry Sales esal bemis ban balas know a THE CT MELLINE SHITS OF THE C CHARLE Sena of Fetter reif we of votion coeff ration distalling DI VELLE serial and interpretation of the control of the con ha FF effet Evi ducce seviewed by ande legistrat in ange . W . C CC JALL Later to

9/12/07/019-43/ DELAYED CERTIFICATE OF BIRTH State File No. De52-3101 STATE OF IDAHO Local Reg. No.\_\_\_\_ Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_\_ 1. Registrent's Full Name at Birth REGISTRANT 2. Date (month) (day) (vear) Of (Person whose Mary Josephine Rabideau Birth Juna 1891 Birth is being 3. Color or Race L. Sex 5. Place of Birth registered) a. County b.City or Town of Birth White Female Huston Huston (now Mackay), Idaho
7. State or Country of Father's Birth Custer 6. Full Name of Father **FATHER** Joseph Rabideau (Rabido) Montreal. Canada 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Mary Abigal McAndrews Butte, Montana, USA Theraby-declare upon oath that the AFFIDAVIT. 10. Signature of Registrant 11. Present Address of Registrant above statements are true to the May To Ly Shint Millan Greeley, Colorado 12. Signature of Notary 13. Notary Commission expires best of my knowledge and belief. Subscribed and sworn to before me on NOTARY (Seal) My Commission expires January 14, 1954 July 19, 1952 APPLICANT -- DO NOT WRITE BELOW THIS LINE By whom issued and signed Type of Document SUPPORTING Date saued Date Orig. Entry RECORD 1. Application for Insurance Metropolitan Life Insurance 1-31-1938 Date of Birth Birth Place Full Name of Mother Name of Father Class\* R June 7, 1891 Idaho Type of Document Date issued SUPPORTING By whom issued and signed Date Orig. Entry Department of Commerce RECORD 1. Census Record Bureau of the Census 1900 Census Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_B 8 vrs old Idaho Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 3. Affidavit by mother Mary U. Rabideau Aug. 27, 1952 Date of Birth Birth Place Full Name of Mother Mame of Father Class\_\_\_B June 7, 1891 Huston, Idaho Mary U. Rabideau Joseph Rabideau **QUALLEYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Evidence, reviewed by State Registrar Date Filed W. W. Benson Oct. 28, 1952

Form DPH 49067

<sup>\*</sup>Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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	ogseph hab	Large & Range Co.	June 7, 1341 anto, 660	
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<b>CB</b> SO.	desph Rah		June 1, 1941 century, Cacio	
		delicate has been found to be divisit		
	on of Vital Stat	sill care has been found in a division	There could be set to prior bless of the set to the set the set the set the set the set to the set	
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(Be sure the information is as of date of birth of THIS child.) COMPLETED certificate in filing. No charge for fil-State File No De 52-3409 Department of Commerce CERTIFICATE OF BIRTH Bureau of the Census Local Reg. No..... 1. PLACE OF BIRTH (All items at time of this birth) STATE OF IDAHO Reg. Dist. No..... (a) County Fremont (b) City Teton City 2. USUAL RESIDENCE OF MOTHER (At time of this birth) (c) Street Address or R.F.D. No..... (a) State Idaho (b) County Fremont (d) Name of Hospital or Maternity Home: Private home, Sarah A. McKinlay (c) City Teton City (d) Street Address or R.F.D. No..... (e) Mothers stay **BEFORE** delivery: (e) How long has MOTHER lived in Idaho?....67 vrs. In THIS county 23 years months days 4. FULL NAME 3. RESIDENCE OF FATHER (city, state) Teton City, Ida of CHILD George Hamilton McKinky 5. Date of Birth of Child (Month, day, year) Dec 31, 1891 g ë 7. Twin or 6 Sex Male If so-born 8. No. months Triplet No 1st, 2nd, 3rd of Pregnancy 9 FATHER OF CHILD Legitimate? 10. FULL Jim J. McKinlay MOTHER OF CHILD 16. FULL MAIDEN 11. Color NAME Sarah A. Willey 12. Age at time or Race\_\_\_White 17. Color of THIS birth 34 vrs. 18. Age at time or Race White 13. Birthplace Berkshire, Scotland of THIS birth...23....vrs. completing this Vital Statistics, 19. Birthplace Mendon, Utah (City or town) (State or foreign country) Exact (City or town) (State or foreign country) Farmer Occupation..... 20. Exact housewife Industry or Occupation Farming Business 21. Industry or Business 22. Name prophylactic used to prevent Ophthalmia Neonatorum. Number of children of this mother: (a) At time of birth and including this child. 2. (b) Born alive and now living. 24. I HEREBY CERTIFY That I attended the birth of this child, who was. Born Alive Record typewriter ribbon postage to State Bureau res an advance payment and at the place stated above, and that personal particulars were furnished by Sarah A. who is related as mother (First name) (Mother, etc.) 25. Attendant's anne & Hansen Midwife Geton Coily Idaho OWN signature Idaho State of..... County of Madison (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the ......of the person whose name appears bearing FIRST-CLASS in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-Signature P. O. Address , Notary Public, residing at..... (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Received for filing on Oct. 29, 1952 Form DPH-51130

OCT 23 1952

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED CERTIFICATE OF BIRTH 143-127:006-731 State File No.De52-3181 Bepartment of Public Health STATE OF IDAHO Local Reg. No.\_\_\_\_\_ Division of Vital Statistics Boise. Idaho Reg. Dist. No.\_\_\_\_\_ 1. Registrant's Full Name at Birth **REGISTRANT** 2. Date (month) (day) (vear) Of (Person whose January 27 1891 Charles Marverslev Buck Birth Birth is being 3. Color or Race 4. Sex 5. Place of Birth registered) a. County b.City or Town of Birth Willow Creek Precinct Bingham Willow Creek Precinct, Idaho Male White 6. Full Name of Father 7. State or Country of Father's Birth FATHER Connecticut John Heald Buck 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Fannie Elizabeth Plant Salt Lake City, Utah 10 Signature of Registrant I hereby declare upon oath that the 11. Present Address of Registrant **AFFIDAVIT** above statements are true to the best of my knowledge and belief. Route #2, Idaho Falls, Idaho 12. Signature of Hotary Subscribed and sworn to before me on 13. Matarx Commission expires NOTARY (Seal) NOTARY PUBLIC box 5 1952 IDAHO FALLS, IDAHO 19 MY COMME MORE 9.1.64 APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed
Department of Commerce SUPPORTING Type of Document Date issued Date Orig. Entry RECORD 1 -1910 Census Census Record Bureau of the Census Date of Birth Birth Place Full Name of Mother Name of Father Class\* B 17 yrs old Idaho Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 2. Dec. 10, 1918 Honorable Discharge U. S. Army Date of Birth Birth Place Full Name of Mother Name of Father Class\_ B 27 yrs 7 md Idaho Falls, Idaho Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 3-8-14-50 Operator's License State of Idaho Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_\_B Jan. 27, 1891 **QUALIFYING** INFORMATION i hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregeing abstract. (seal) Evidence reviewed by Date Filed State Registrar W. W. Benson Nov. 21. 1952 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CELLYED CERRIFICATE OF CAYALES CALL STATE OF CALL TAIL COLUMN TO ME STATE AND A STREET STREET WART TO TO SE AND THE PROPERTY OF THE PARTY. 1107-51-1052 Ass. My . No. der to be even that a rearranged at a countainess 4.704 136\*\* indaon: SELLIN MOSTING £25£ TIBURA. structs sales Charing Margersley Stok 4. 316 S. whet or door a. to stone a diality to see in J. series of foun of Africh (benate of Tall Social Later Millow Greek Precinct, Idano Ringham. TOLLOGY FOOLING P. Make Of Charley of foliat's state NOTE HER BIOL firside anough S. State of "ountry of hotser's Birth B. W. Mer Con Cons of Mertin dail sas city, Utah Family Missboth Pinns and that the media and and that their the in Freent Morace of Begintent tensioned to enuteralize the electantice at a fire to the to live one some sage and serior. Route #2, Itane Palls, Losing series miles control of the 2 no an eloteful armet une sellandes (liet alt. NOTARE NEWS COLOR EMEN CHAME WIND SHIP PER BIN Clouded to themses 1920 3 2 202 aires on the carrie min Pecorc mails to mag in! I have at Hother Date of Mirth Birth Place make the first proper "T honoracle Listage Bets of Birth Birth Place isse of Father Full Ease of Mather Otten Tome Stanto belle. Trans be to stad The Document \*\*/43 .L: `U s. M to le bes houses tom B 0-11criest Su steels Oretale almost son Same of Februar redict to seek . (4) esels deris derif to etal LONG THE STATE OF and purished that to prior the court trees were the prior that the prior that the facts of the f --THE SERVICE OFFICE OF Nov. 21. 15-2 TOBILE ... the fear and lie to have the speak and and this proces a started 

<b>Be</b> partment of	Public Health	CTATE OF TRAIS	State File No De 52-3492	
	tal Statistics	STATE OF IDAHO	Local Reg. No.	
REGI STRANT	1. Registrant's Full Name at \Birth		Reg. Dist. No.	
(Person whose	7/ lva Mary Day	2. Date 0f	1 1 45 1891	
Birth is being registered)		Birt a. County	7 4 20 1011	
	while I Bo	ien Bassia	Care Sand	
FATHER	6. Full Name of Father Lohn William	syley_ 7. Stat	e or Country of Father's Birth	
HOTHER	Full Maiden Name of Mother Workli	ndale Gra	e or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the	10 / Signature of Registrant	11. Present Address of Registrant	
	above statements are true to the best of my knowledge and belief.	Velva Mary Lavidson	Boise Idaho	
OTARY (Seal)	Subscribed and sworn to before me on		13. Notary Commission expires	
	Nov. 24 1952	took killer	JULU. 17 1955	
SUPPORTING	Type of Document	By whom issued and signed		
ECORD 1.			Date Issued Date Orig. Entry	
	Certificate of Baptism  Bate of Birth   Birth Place	L. D. S. Church Full Name of Mother	Baptised June 17, 190	
lass*	July 25, 1691, Basin, Idaho	Henrietta Martindale	Name of Father	
UPPORTING	Type of Document	By whom issued and signed	John W. Dayley  Date issued Date Orig. Entry	
ECORD 2.	Family Group Record	L. R. S. Church		
	Date of Birth Birth Place	Full Name of Mother	July 25, 1893	
ClassA	July 25, 1891, Basin, Idaho	Henrietta Martindale		
SUPPORTING	Type of Document		John William Dayley	
ECORD 3.	Type of postment	By whom issued and signed	Date issued Date Orig. Entry	
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
lass				
UALIFYING NFORMATION		,		
	The state of the s			
EGISTRAR'S ERTIFICATION (seal)	I hereby certify that no prior birth registrant and that documentary evide foregoing abstract.	certificate has been found in the Divince has been reviewed, which substanti	sion of Vital Statistics for this ates the facts as set forth in the	
,	State Registrar	Evidence reviewed by	Date Filed	
	W. W. Benson	1 1 1 1/2 / 1	Nov. 24, 1952	

Form DPH 49067

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	De	epartment of Commerc		CERTIFICAT				eg. No
for to		reau of the Census		STATE			Reg. D	ist. No
	1.	PLACE OF BIRTH (A)	ll items at time	of this hirth)				At time of this birth)
Charge		(a) CountyA.D.A.	(b) C	ity STAR				unty ADA
Ç		(c) Street Address or	R.F.D. No		1			
Ho		(d) Name of Hospital	l or Maternity H	lome:	1	(d) Chart Address	DED No	
HZ.		T HOME	OF PAR	RENTS				
ĭ.	¥	(e) Mothers stay BEI	ORE delivery:					in Idaho? 70 yrs
COMPLETED filing. No cl		(e) Mothers stay BEI In THIS county	14 years 6	months 2 days	3.	RESIDENCE OF FA	THER (city, stat	e) STAR. IDA
	4.	of Child LA	WSOM	HIII.		5. Date	of Birth of Child	7-27-189
Madi for	g	OF CHILD	7. Twin or	If so—born		8. No. months	ntn, day, year)	l
ŽŢ.	<b>8</b> 6		Triplet	1st, 2nd, 3rd		of Pregnance	y <b>9</b> 9. Leg	itimate? <b>VES</b>
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fic e,	ម្តី 🔐	A . 1 .	12 Ago	ot time —	17			o of time
포경	0 11	or Race WHIT	f 12. Age	at time 54 yrs.	1 1.	or RaceW.H.I.	TE 10. Ag	e at time THIS birth
S A		. Birthplace			٠,			DINT, MO.
돌	ᅙᆸᇄ	City or to		te or foreign country)	19.	City of	r town) (S	state or foreign country)
12 E	, 14				20.			
J E	\$	Exact Occupation FA	RMIFIL				JUSEWIL	E
돌	<b>6</b> 15	. Industry or Business	17		21.	Industry or	• •	
completing this Vital Statistics,	≥ —				<u>!</u>	Business	1'	
8 ≥	22	. Name prophylactic t	used to prevent	Ophthalmia Neonator	um	NONE		
E E.	波 <u>23</u>	Number of children	of this mother:	(a) At time of birth			(b) Born alive	and now living
4 5	<u>.</u> .	. I HEREBY CERTIFY		ATTENDANT'	S CERT	TIFICATE DODA A	IVE IN	A
3 8	<b>2</b> 4	. I HEREBY CERTIFY	That I attended	the birth of this child	d, who	was D.U.K. II.A.	=1.7.4=atat	ZT.iM. on the date
큐큐	ξ.	and at the place sta	ted above, and	that personal particul	ars wei	e furnished by.	4UD	LAWRENCE
9 9	ጀ ር		_				(First name)	(Last name)
草草	9	who is related as	(Mother, etc.)	******************************				
₽ X	<b>8</b> 25	. Attendant's		Mo:	Addre	& BAISE	IDAHO	Date 3 -17, 4
Record typewriter ribbon postage to State Bureau	<u> </u>	OWN signature	Mand Si	Midwife	,	m polar,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dule 3 -17,7
P E	0 — 5 St	ate of					AFFIDAVIT	<del></del>
at G	8 Co	unty of			(To be			not sign in Item 25.)
£ 7	2 °			vorn, say that I am th	e	completed when the	of the person	whose name appears
ASS	3					(Mother, etc.)		
¥5	e in	Item 4, above, that I a		• • •		-		•
넓악	 ≱ı				., who			
or BLA		(First name)	ha aartifiaata ah	(Last name)			now deceased) or (Car	
늴튼,		ate that the facts on the under Chapter 139, 19			est of r	ny knowiedge, and	that I desire to h	ave this birth record-
<u> </u>		. and Chapter 200, 20	or besselve zawa	•				Signature
N E	Ē							P. O. Address
4 2	៥	Cubacuibad and	. to hotono t	hisda				
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only Bl slope b	4	(SEAL)	michahla as a f	elony in Idaho; see S				
- 0	<u>. —</u>	viote. Terjury is pu	Jan 29, 19		ec. 11-8	W. W. Benso		<del></del>
ze P Z	Ľ pα	ceived for filing on	עלו פעט וואט	<b>))</b>	her	110 110 TTM	- <del>-</del>	Registrar

# **DELAYED REGISTRATION LAW**

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

-11

DELAYED

oise, idaho		and the second of the second o	STATE OF IDAHO			g. No t. No
REGI STRANT	1 Periot cont	ON OF VITAL		2. Date		
	T. Wediscian	PATISTICS ""		2. Date	(month)	(day) (year)
Person whose paints				Birth	Nov.	17 1891
egistered)	3. Color or Ra	ria Anderson ce   4. Sex   5. Pla	ice of Birth a.County	b.	City or Town o	f Birth
	White		e Rock Bingham Co.	Eagle	Rock, Idaho	
FATHER	6. Full Name o	f Father		7. State	or Country of F	ather's Birth
	Ludwig And	erson		Swede	eh	
OTHER	8. Full Maiden	Name of Mother		9. State	or Country of M	other's Birth
· ·	Anna Regin	a Elg		Swede	en	
AFFIDAVIT-	I hereby decia	re upon oath that the	10. Signature of Registrant	1:	L. Present Addr	ess of Registrant
		ts are true to the wledge and belief.	Helen M. anderson La		278 W 71.+h	t Ideha Pelle
IOTARY (Seal)		sworn to before me o		magues.	3. Notary Commi	saion expires 10
	_					•
-	april	17 19 63	Helen L. ande		July 28	19 50
<del></del>	<del> </del>	ADDI 1.0				
UPPORTING	Type of Docume	nt	By whom issued and signed	LINE	Date Issued	Date Orig. Entry
ECORD 1-	Contificat	or of Dintion	John Dawson Miss, P	aatom	Pantinod	Nov. 30, 189
	Date of Birth	e of Baptism	Full Name of Mother	astor	Baptised	
class*_A	Date of Birth	D11 till 1 1 450	Anna Anderson		Ludwig Ar	
,1455 <u>A</u>					<b></b>	
SUPPORTING RECORD 2.	Type of Docume	nt	By whom issued and signed		Date issued	Date Orig. Entry
ECURD 2.	Census Record		Department of Comme Bureau of the Censu	rce s	Censi	ıs of 1900
	Date of Birth	Birth Place	Full Name of Mother	<u> </u>	Name of Fathe	r
classB	Nov. 1891	Tdebo		Anna and	Ludwig Ar	nderson
	Nov. 1891 8 yrs old Type of Docume	Idaho	By whom issued and signed	Aillia ailu	Date issued	Date Orig. Entry
SUPPORTING RECORD 3.	Type of Docume	at	By whom issued and signed		Date ( saued	bate orig. Entry
					1	
	Date of Birth	Birth Place	Full Name of Mother		Name of Fathe	r
lass						
WALIFYING				<del></del>	<del></del>	
N FORMATION						
1						
	1 1 - 1	# Al-A! b!-A	h certificate has been found in	. Aba Distal	as of Vital Ct	atiatian for this
REGISTRAR'S CERTIFICATION	registrant and foregoing abst	that documentary evi	dence has been reviewed, which	substantia	tes the facts a	s set forth in the
(seal)	State Registra	ır	Evidence reyidred by			Date Filed
			MIMI			
	W. W. Be	nson	Make I PE Oales			April 20, 1953

Form DPH 49067

COMPANY CHARACHOMIE OF STRIP state tile in marketing THE TO THE lote! Rug, No. Red. Dist. No. parett fest, idengan etel if the state of the state of Late of Country of Fethers Birth 1 2 to coi strains for would be easily in the Latin Latin Transport dopene. 9. State of theetry of incharca Sirth of the land and and they down your states were your the the state and address of sections. tientained to etaiscele . a in the state of th well a subtract to the first the state of the second The Court Paracraid and made to taken us on To Rotary (Transport on Fr Carte to students THOUSE THE TOTAL OF THOUSE Cate i sened | Date of E. Bitty difficate Mississ Light Language of the contract THE NEW THEIR mele of sires and to also Yest of Father CONTRACTOR BOTO PER SECTION AND SECTION OF THE PERSON bangis the beens tella ve January 10 ATY Constitution of the contents francii eleme 2 00% lo statut 10 1 Made of Notice Base of Birth Sirth Forces TOV. 1071 Care merating blood last co Date Orice cater to con Pana code Vi Baues : otad . nedie to see 8 TAKE OF BUILDING Date of Sirts Rich Place Service of the servic Marin Single EN STATE FOR BOLL ES (1951 1953) tions a measurement there ease ease to be a the Right remain to the Right are The state of the s

Diviston of Vi	Public Health tal Statistics	3/ DE	LAILU	STATE OF IDAHO	A I FI		le No. <u>De53-56</u> g. No
oise, Idaho .						Reg. Dis	t. No
EGI STRAIT	1. Registrant's F		Birth	•	2. Date	(month)	(day) (year)
Person whose irth is being	PHILLIP JEAN				Of Birth	December 25	
egistered)	3. Color or Race white	male	5. Place	of Birth a.County Kootenai	Č	oeur d'Alene	f Birth e, Idaho
ATHER	6. Full Name of F Numa Jean					or <b>Country of F</b> Switzerland	ather's Birth
OTHER	8. Full Maiden Na Emma Sta		•		i	or Country of M Switzerland	other's Birth
AFFIDAVIT	I hereby deciare above statements best of my knowle	are true to	the	10. Signature of Registrant	4		ess of Registrant k, Washingto
OTARY (Seal)	Subscribed and sw		9 <u>5 6</u>	12. Signature of Hotary	P	3. Notary Commi	86ion expires 22 19 <i>5 j</i>
			APPLICAT	T-DO NOT WRITE BELOW THIS I	LINE		
NPPORTING ECORD 1-	Census Record			Department of Comme Bureau of the Censu	rce	Census of	Date Orig. Entry
:lass*_B	Date of Birth Bi 28 yrs old	rth Place Idaho		Full Name of Mother		Name of Fathe	r .
UPPORTING RECORD 2.	Type of Document Census Record	đ		By whom issued and signed Department of Comme Bureau of the Censu	rce s	Date issued Census of	Date Orig. Entry
class_B	Date of Birth Bi 18 yrs old	rth Place Idaho		Full Name of Mother Emma Jeanneret	*	Name of Fathe Numa Jean	•
SUPPORTING RECORD 3-	Type of Document Affidavit by	y brother		By whom issued and signed John Jeanneret		Date issued	Date Orig. Entry 22. 1956
75	Date of Birth Bi	rth Place		Full Name of Mother		Name of Fathe	
B lass	12-25-1891	• •	lene,I				anneret
UALIFYING N <i>P</i> ORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify registrant and the foregoing abstract	at documenta	r birth ry evide	certificate has been found in nce has been reviewed, which	n the Divis substantia	ion of Vital St tes the facts a	atistics for this s set forth in the
124011	State Registrar	· · · · · · · · · · · · · · · · · · ·	······	Evidence reviewed by			Date Filed
	W. W. Benso	n <b>n</b>		Verna Wilson			Oct. 30,195

Form DPH 49067

HTRIGON TILLIAND GRYALES 3:22 to 14 m THATT'TE STAR .... er .... 1200 Mes. Mett scr Tries to made the order puri Type ! drings) \*\*=U Company of the Company 17 · . . be see affeld dirita to coale tareta os . State or Courtry of Felder's Siren back to still a restor to we blanking P. State of Lord by C. Marian's Math Dec est of the state of the the Partie led to excibit . " and ... estimated to attraction THE PROPERTY WE WE THE THE SEASON DESCRIPTION OF SEASON OSOE 20 340 SUNTER THE SMART START WATER THE PARTY OF THE RELEASE OF THE PARTY OF THE THE PERSON PENE LE BURES and alite divide to state Cant for season THE STEEL STATE OF THE PARTY OF MA STATE detalled and tore wet our Cotas april 1 30 \* 10 W 20 1 2 50V DESTRUCTION OF DETE THE SHARE COME ( DE125 : 3170 & MATTER matter is throught 字。 17件机会 v 5 2 4 402 .SE words to G Tedy 23 to any radion to mak livi Dog of Pirth Mist A beset Total Traisi Sans TO IS DECIMAL with the to help the term of the land of the term of t the second control of the second the on at the se state and the feether the second of the feether than the feether the last the feether the the to the college of state their state erior to di una companya per companya de la companya de companya d there is become the time of the first the man had the thirty and the thirty and

343-103-037-349 Department of Public Health DELAYED CERTIFICATE OF BIRTH State File No. De 53-614 STATE OF IDAHO Local Reg. No. Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth 2. Date REGISTRANT (month) (day) (year) 0f 1891 3 (Person whose March Birth Walter Cullen Birth is being 3. Color or Race 4. Sex 5. Place of Birth registered) a. County b.City or Town of Birth Grandview Gr**Idaho**ew Owyhee male white 6. Full Name of Father 7. State or Country of Father's Birth **FATHER** Illinois Fred Cullen 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Paris. France Lilly Turmes I hereby declare upon oath that the 11. Present Address of Registrant 1129 N. 85th St. AFFI DAVIT 10. Signature of Registrant above statements are true to the best of my knowledge and belief. Seattle 3. Washington Subscribed and sworn to before me on 13. Notary Commission expires NOTARY (Seal) 19th a may, 1953 APPLICANT DO NOT WRITE BELOW TAIS LINE
By whom issued and signed Type of Document Date Issued Date Orig. Entry SUPPORTING RECORD 1. May 14, 1953 Lilly Turmes Cullen Affidavit by mother Date of Birth Birth Place Full Name of Mother Name of Father Class\* B Mch 3. 1891 Grandview, Idaho Fred Cullen Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 2. William Turner Apr. 20, 1953 Affidavit Name of Father Date of Birth Birth Place Full Name of Mother Class\_\_\_R Mch. 3, 1891, Grandview, Idaho Lilly Turmes Cullen Fred Cullen Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 3. International Assoc. of Union Lodge Record Machinists, Hope Lodge #79
Full Name of Mother Seattle, Wash Sept. 20, 1943 Date of Birth Birth Place Name of Father Class\_\_\_B Mch. 3, 1891, Grandview, Idaho **QUALIFYING** INFORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed State Registrar Evidences regi W. W. Benson June 15, 1953

<sup>\*</sup>Class A Records are those made and dated before the Registrant's fourth birthday.

Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRPH - 大学を大変を発信する。 STITE STATE STATES Me. alst. So. C non: 1956) agrah Maren seed to well at the tental elect L. City of Jose of Mith - thuodice 5. C 202 0 2 8 255 Grandview OWVERE COMMIT See or Country of February a Mich Illinois tre i liuli en reliant to dear of Hother their a restroit to evines to easily a Paris, Prance the France Address of Saul etrust and yard disc. Long and local disc. ACT IN MANY THE RESIDENCE STREET COUNTY OF STATE OF ST destile i Washington S. Votary Change on eastree Celliy Curmer College ATTIMATE IN METER Date of Picts Birth Place Full Hame of Mother astimo he BEST TO SOVE AL .68 . 10 TOTAL STATE diventit. wited to ensy indian to seek its Pers of Sirth Eirth No. 5 well a 1641, Grandview, Total Sales Culien Fred Calles Indept Cosument Dete intend Deta Orig. Little bearing to bout of mode of unclassers. buces. eaboi nain and a constant wall this still be well. In a 13th Country Lucks control of the Contro CERTIFICATION LINE TO THE TACK THE TOTAL PROPERTY OF THE TACK THE TOOTINGS DING SIGN. tell etal Tarta look avast! noene William dune 15. 1953 Class a series was there was a few as a series of the

	8-035-68 Public Health	y DEI	LATED	CERTIFICATE OF BI STATE OF IDAHO	KIN		le No. <u>De53-621</u> g. No
Division of Vit Boise, Idaho	tal Statistics						t. No
REGI STRANT	1. Registrant's F	uli Name at i	Birth		2. Date	(month)	(day) (year)
Person whose	HARVEY JAM	ES WHITE	SIDE		Of Birth	Fob	28th 1891
irth is being egistered)	3. Color or Race	4. Sex !	5. Place	of Birth a.County		City or Town o	
	White	Male		Nezperce		scow, Idah	=
ATHER	6. Full Name of F				7. State	or Country of F	ather's Birth
	WILLIAM B.		DE		Sa	n Francisc	o. Cal.
IOTHER	8. Full Maiden Na				9. State	or Country of H	other's Birth
	MARY JANET				Io	wa	
AFFI DAVIT	I hereby declare above statements		at the	10. Signature of Registrant	6-11	1. Present Addr	ess of Registrant
	best of my knowle		ef.	Harrey Jone What	reide	3627A 17	th St. S.F.
OTARY (Seal)	Subscribed and sw	orn to before	в же оп	Harvey Janus Whal	1	3. Notary Commi	ssion expires
	June 9th	19	53	E. J. Barrett	1	October 25	ith 19 56
			APPLICANT	- DO NOT WRITE BELOW THIS By whom issued and signed	LINE		
ECORD 1-	Type of Document					Date issued	Date Orig. Entry
	Certificate	of Baptis	sm	St. Stephen's Paris		Baptized	
_	Date of Birth Bi	rth Place		Full Name of Mother San I		Polame of Fathe	r
lass* B	Feb. 28, 189	l, Moscow,	Idaho	Mary Janet Calif	and	William B.	. Whiteside
	Type of Document			By whom issued and signed		Date issued	Date Orig. Entry
RECORD 2.	Employment record			Langendorf United Barkeley, Calif.	kerie <b>s</b> I	inc.	July 13, 193
	Date of Birth Bi			Full Name of Mother		Name of Fathe	
lassB	E-P 38 180	1 Magazir	Tanho				
SUPPORTING	Feb. 28, 189 Type of Document	I, MOSCOW,	Tuano	By whom issued and signed	<del></del>	Date issued	Date Orig. Entry
ECORD 3-		-14		_	anna Ca		
	Insurance P			Banker's Life Insur	ance co.	Name of Fathe	Sept. 23, 192
lass B	[			Pull Name Of Mother		Hame of Larie	•
,1ass	Feb. 28, 189	l, Idaho		•			
UALIFYING NFORMATION							
	<del>-</del>			-			
REGISTRAR'S CERTIFICATION	I hereby certify registrant and th foregoing abstrac	at documentar	r birth c ry eviden	ertificate has been found i ce has been reviewed, which	n the Divis substantia	ion of Vital States the facts a	atistics for this s set forth in the
(seal)	State Registrar			Evidence perjeted by			Date Filed
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TO SELECT THE OF THE OF trained to the training me CAMBLE AND THE - Translation to mistain esti denomi S. Colonia Col state to be the A villa in a court of sure and 621.225 Commence of the same Seefel . constant to use trill a tallor to entered to come it. Freent Milres of Majeriant en tell dien son, ers last wer i and of early a committee to the 30274 17th St. s.F. Cal the led bon on a sont of ... Polary Gentlesies expires as entitled or name has been CO THE WEST Cotober 25th # 55. MA GET BEST BEST OF THE PERSON Image of To Fort 4 0800 4 raptiand ours to the THE TRUSK IN CONSTRUCTION it. By deal se sand of the Teller to accept the control of teller a lengt birth de ning and means with the state of TO THE REAL PROPERTY. AND PART MADE ALEX DESCRIPTION OF THE PROPERTY AND ASSESSMENT OF THE PARTY OF THE P LINE WALL TO SHEET Campania de Associaçõe Lais of Prin Strie Place TO SEE CO. NO. 10 tion W. 1891, Voscow, 10. 'Ata issues Date Orig. Catry been son known water tres of located enter's life insurance to. ingulation of the and the or the har Pris of dirth A reh ? ace F. 1. 101 1, 10012 section of the section and that control of the section of the sect TOTUE OF THE PIECE TEACH ROW SUFER bell 7 staff Jana 17, 1953 ACCOM AND A a reset to the the best the well-first arrangement well and the transfer of the west makes a like

547-	2/6-009-962 DELAT	ED CERITFICATE OF BIT	KIH State F	ile No. <u>De53-626</u>
Beopartment or∻ Division of Vi	Public Health tal Statistics	STATE OF IDAHO		teg. No
olse, Idaho			Reg. Di	st. No
EGI STRANT	1. Registrant's Full Name at Birt	•	2. Date (month)	(day) (year)
Person whose irth is being	alice Tippe		Birth Feb.	16 1891
egistered)	white F Geo	lace of Birth a. county rgetown, Bear Lake, Ida-	Heorgetous	r, Idaho
ATHER	6. Full Name of Father Joseph Willian		7. State or Country of	Pitel. Tetal
STREET	8. Mill Maiden Name of Mother Ellen Rosev	baum	9. State of Country of Brisham Co	ty, ritah
FFIENAT	I hereby declare upon oath that t	he 10. Signature of Registrant	1. Present Add	Ires of Registrent
	above statements are true to the pest of my knowledge and belief.	alice Tukkets B	lack Heorgeton	m, I daho
Q749535ea/)	Subscribed and sworn to before me		13. Notary Com	ission expires
DAHO	June 15, 1953 19	- Loyd m & kight	Ü	19
	APPL	ICANT DO NOT WRITE BELOW THIS L By whom issued and signed	INE Date Issued	Date Orig. Entry
UPPORTING ECORD 1.			_	
	Certificate of Blessing	L. D. S. Church	Blessed	June 1891
	Date of Birth Birth Place	Full Name of Mother	Name of Fath	ier
lass* A	Feb. 16, 1891, Georgetown	, Idaho Ellen Rosenbaum	Joseph W	illiam Tippets
UPPORTING	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
ECORD 2.	Certificate of Baptism	L. D. S. Church	Baptized	Sept. 30, 18
	Date of Birth Birth Place	L. D. S. Church Full Name of Mother	Name of Fath	ier
lassB	Feb. 16, 1891, Georgetown	, Idaho Ellen Rosenbaum	Joseph W	filliam Tippets
UPPORTING ECORD 9-	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
lass	Date of Birth Birth Place	Full Name of Mother	Name of Fath	ier
UALIFYING NFORMATION	-			
es e e e e e e e e e e e e e e e e e e				
REGISTRAR'S CERTIFICATION	I hereby certify that no prior bi registrant and that documentary e foregoing abstract.	rth certificate has been found in vidence has been reviewed, which	the Division of Vital S substantiates the facts	as set forth in the
(364.7	State Registrar	Evidence reviewed by		Date Filed
	W. W. Benson	MILLY	_	June 18, 1953

Form DPH 49067

HIRLAG JUANA HARAN GAYA (30 A ST TO THE STREET THE COMPANY Ded Line of the second FIATE OF IDEED ON SOR SUG and the contract of the state o Mar. Myt. 40. BINE IN ACRES THE ASSESSMENT HERE IS is one Sir storia menteri ien. 1 21 30178 rad stereo. Tani dies mare es les comes fortes tained to make the start Il stove tiniments are true to tee We redough I daw Manat of an Mooni stop and Laffer. series solenized this er TO A TAX OF THE PARTY OF THE PARTY OF on Ecci I san with dring their 090039 Certificate of Messing 1861 and 3926 Appenio . 8 . . . . . Tedde To stad Outs of Sires Sires Place WE THE SERVICE SERVICE losses : Lian seres. respired the legite course of the legit was all the legit of the legit TAREST FOR TOWN THE PARTY aptired light. 30. 1989 Costing to addressing Te- 241 To 000 9 Sold of Black Street Press comeon William Tiemets Ellen Constitution Selection . George town, Land Occasionated Date Orien Interv bearie has beari some of Instance to a all teres of Father A Report To seems 1 15 A A TO A STATE AND THE PLANE and of united that we stand our court in the parallel of the parallel for Sell's etcG State Begistrar June 18, 1993 THE THE TO HERE WE UP TO WAY SETTING TO STREET

Boise, Idaho	1. Registrant's Full Name at Bir	<b>.</b>	a Date		t. No
REGISTRANT	T. vahistimit s Lili Home of Ril.	LIT	2. Date	(month)	(day) (year)
(Person whose Birth is being	Chauncay Emory Stroud		Birth	May	26 189
registered)	yhite male	Place of Birth a.county Idaho Lemhi	b.	city or Town o	
FATHER	6. Full Name of Father		7. State o	r Country of F	ather's Birth
	Thomas J. Stroud				Missour <b>i</b>
10THER	8. Full Maiden Name of Mother		9. State o	r Country of M	other's Birth
	Sarah Gertrude Redding				Missouri
AFFIDAYIT	i hereby declare upon oath that above statements are true to the best of my knowledge and belief.	00	177 B	. Present Addr SALMe N	ess of Registrent
LICAS) VOLTAN	Subscribed and sworn to before m	e on 12) Signature of Notary	Should	. Notary Commi	
HOTARY (Seal)	ONLY SELL PROPERTY SHOULD BE TO DESIGNED BY	Toler of the	15	· vocari mami	SEIGH BANTIBS
	August 11, 195	Ondites heridon		February 14	19 55
71000 D T 1 X 0	Type of Document	LICANT- DO NOT WRITE BELOW THI By whom issued and signe	SLINE	Thata Issued	Date Orig. Entry
SUPPORTING RECORD 1-	Affidavit by father	Thomas J. Stroud		Aug. 11, 1	1.
~	Date of Birth Birth Place	Full Name of Mother	· <del> · ·</del>	Name of Fathe	
Class*_B	May 26, 1891, Salman, Id	aho Sarah Gertrude Re	eddington	Thomas J.	Stroud
SUPPORTING RECORD 2-	Type of Document	By whom issued and signe		Date issued	Date Orig. Entry
	Affidavit by mother	Sarah Gertrude St	troud	Aug. 11,	
. •	Date of Birth Birth Place	Full Name of Mother		Name of Fathe	er .
Class_B	May 26, 1891, Salmon, Ida	aho Sarah Gertrude F	Reddington	Thomas J.	Stroud
SUPPORTING RECORD 3-	Type of Document Extract of A cation to Grange Mutual I	ppli By whom issued and signe life Co. Extract made a	d nd signed 1	Date issued V Extract	Date Orig. Entry on Policy issue
	Nampa, Policy No. 122	Charles Herndon, No	tary Public	10/2/53	on June 7,193
classB	Date of Birth Birth Place May 26, 1891 Ids	Full Name of Mother		Meme of rathe	r.
QUALIFYING INFORMATION	1002			1	
			- · · · · · · · · · · · · · · · · · · ·		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior b registrant and that documentary of foregoing abstract.	irth certificate has been found evidence has been reviewed, whi	in the Divisi ch substantiat	on of Vital St es the facts a	atistics for this is set forth in the
feagil	State Registrar	Evidence reviewed by			Date Filed
	W. W. Benson	Edna Ham	nilton		October 5, 19

OF AVEL CERTIFICATION BIRTH ALS Size . A city work Division of which States Selve ldalo to separate and the at air the eff a me. er ie steria in mai to 47/5.d refigietere & General Constitution 7 7002 36 JO: Lac de ruly Mane ut Falher i. State or Country of Pateur's Sirth All Malche Area of Kother 9. State or Coestry of Mather's Hirth Line or in il. Present Address of Registreet the test that there engine wast that the tourtaion in acuteon it . it was at earth one almost the evilla-SALMON, IVANG. Mest of av knowledge end belief. to elite the state of and enem to before an on 12. September of Rotale 13. Hotary Commission expired Pedrinary II. TO NOT MALES BOLDS THIS LINE Dete lated Call: Selet Birty For of Manage election and the Tull Name of Notine TOUR TO STANKETE Dete of Mirit Blitth P. ace. Tental To small Desais bas Sauss | some vi LABOURED TO COVE ECORD 2. 'us. 11, 1951 to too to divisit it. from a spurit see force town of Father Base of Strib sirts Place Full Anna of Mother . Let L. 35 been in second value surting deriv beng san becauf some v o volume the section of the sections Date i see of Date Orig. Entry bedrait yeller no fearth is bas in an destart . 50 Perios former, correy vel o 19/2/63 on June 7.1937 SS OF WALLS 1881 .38 1 a. OPIBOL OWING THE MILLIAMENT Labely centify some re prior birth cent frace has been from a that I visit state of what state as set forth in the 2 2 15 Josepha anima 77 FOLL Series Press Evidence randoment no 97 40150 continued to the continued of the contin THE RESERVE WAS LIFTON IN TOUTON STATE OF SEC. S. SEAR SEC.

194-00	26-036-639. DELAYED	CERTLEICATE OF BIRTH	State File No. Da53-940
Department of P Division of Vi	rublic Health (	STATE 85 403HO1953	Local Reg. No
oise, Idaho			Reg. Dist. No
EGI STRANT	1. Registrant's Full Name at Birth		ate (month) (day) (year)
Person whose irth is being	Saphana Sin	TICTICS	of irth July 26 1891
egistered)	3. CO. S. D. Maca   4. Day   3. Liace	of Birth a. County	becity of Town of Birth
	white tomale tano	ieur Oneida 1	anview I dales
ATHER	6. Full Name of Father	7. S	auntiful Utale
OTHER	8 Full Muliden Name of Mother	9. S	tate or Country of Mother's Birth
FIDAVIT	I hereby declare upon oath that the	10. Signature of Registrant	11/ Present Address of Registrant
	above statements are true to the best of my knowledge and belief.	Soblesona Ances,	394 Warren Que Pocata
OTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13/Netary Commission expires
•	August 20th 1953	Charles W. Shanke	in Dec 4th 1955
<del></del>	APPLICAN	T- DO NOT WRITE BELOW THIS LINE	
SUPPORTING RECORD 1.	Type of Document	By whom issued and signed L. D. S. Church, by	Date Issued Date Orig. Entry First entered on
	Church record	Joseph Fielding Smith	7/20/53 Record June 3. 1
_	Date of Birth Birth Place	Full Kame of Mother	Name of Father
lass*B	July 26, 1891 Fairview, Idah	Sarah E. Fluitt	Joseph Simons
UPPORTING	Type of Document Letter re	By whom issued and signed	Date issued Date Orig. Entry
RECORD 2.	application for insurance	Gem State Mutual Associa H. Ralph Stephenson, Sec	tions Application dat
	Date of Birth Birth Place	Full Name of Mother	Name of Father
lassB_	1.3.00.700		
VIDDARTI NA	July 26, 1891 Type of Document	By whom issued and signed	Date issued Date Orig. Entry
SUPPORTING RECORD 3.		L. D. S. Church, by	Baptized on
	Baptismal record	Ella R. Jack Custodian	10/1/53 June 3, 1900
η.	Date of Birth Birth Place	Full Name of Mother	Name of Father
lass	July 26, 1891 Fairview, Idah	Sarah E. Fluitt	Joseph Simons
UALIFYING NFORMATION	<b>a</b>		
EGISTRAR'S ERTIFICATION (seal)	I hereby certify that no prior birth registrant and that documentary evide foregoing abstract.	certificate has been found in the nce has been reviewed, which subst	Division of Vital Statistics for this antiates the facts as set forth in the
(seal)	State Registrar	Evidence reviewed by	Date Filed
		Edna Hamilton	Oct. 5, 1953

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Division of Vi Boise, idaho	tal Statistics	~3		STATE OF IDARO			3. No t. No
EGI STRANT	1. Registrant'			i i	2. Date	(month)	(day) (year)
Person whose irth is being	Joh	- Wil	lin	Johnson	Of Birth	april	3 1891
egistered)	3. Color or Ra	ce 4. Sex	5. Place	of Birth a. County Seen Latah	I	h City or Town or	£ n1 -44
	White	17Male	Mo	scow Later	ļ <u>.</u>	Mo	scow. Idah
ATHER	6. Fall Hame o	- 1		or .	7. State	or Country of F	uther's Birth
OTHER -	8- Full Malden	Hame of Hothe	r	a folder many	9. State	or Country of He	other's Birth
	man	1 Joh	114821	also to homom			de
FEIDAVIT.	I hereby decia	upon bath 1	hat the	alse for human 20. Signature of Registrant	,	11. Present Addre	es of Registrent
· · · · · · · · · · · · · · · · · · ·	best of my know	wiedge and bei	ief.	John William Of	Mon	Box 237.	Iroy Ida
OTARY (Seal)	Subscribed and	sworn to befo	re me on	22. Signature of Hotary	1	13. Hotary Commis	sion expires
	Och 10-		19 <u>53</u>	Beoch		8-1-	1927
	<b>\</b>		APPLICAN'	DO NOT WRITE BELOW THIS L	JNE		
NPPORTING ECORD 1	Type of Docume			<u> </u>		Date issued	1
	Certificat	e of Bapti	sm	Evangelisk Luthern	Church	Baptized	May 17, 1891
120* A	Date of Birth	1		Full Hame of Mother		Name of Father	
lass* A	Apr. 3, 189		Idaho	Inga Maroe Johnson		Aron Johns	
MPPORTING RECORD 2.	Type of Docume	pt of open		By whom i seved and signed	Property of		Date Orly. Betry
	Honorable			United States Army		Feb. 19, 1	
	Date of Birth	Birth Place		Full Name of Mother		Name of Father	
iass B		Moscow,	Idaho				
UPPORTING ECORD 3-	Type of Documen	nt		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place		Full Kame of Mother		Name of Father	
lass							
UALIFYING NFORMATION							
<u></u>							
EGISTRAR'S ERTIFICATION (seal)	I hereby certi registrant and foregoing abst	that document	or birth o ary eviden	certificate has been found in nce has been reviewed, which	the Divi	sion of Vital Sta ates the facts as	itistics for this set forth in the
(3681)	State Registra	r		Evidence replewed by			Date Filed
~	w. w.	Benson		Make Heden	:		Oct. 14, 195
Class & Recor	ds are those may	le and dated b	efore the	Registrant's fourth birthday	_		

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April (Prose (Prose	**************************************	Registration of the Resident	TANTZEES
			OCT. L6.1965.
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or country of Michae's \$11th			
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the solary data suffer outline	2. Signature of Kothey	TAN	A THE HANDER
		The state of the s	and in the party of the
Mart camed Mart brigh Saley  48 201300 May 12, 4871	Evancedat Euther Charch		1 (63)
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Sec. 19, 1919 Anna of Father	nited States Atty	ORGINAL BLANDON	
		27 gas old moon, in	4484
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			THE NAME OF THE PARTY.

espartment or (	/O2 - 040- Public Health tal Statistics	w 7 0		STATE OF	IDAHO			File No. <u>De53 99</u> Reg. No.
ise, Idaho	tai. Statistics							st. No.
GI STRANT	1. Registrant's	Full Name at	t Birth		,	2. Date	(month)	(day) (year)
erson whose rth is being	1	dward Bur				Of Birth	April	2 1891
gistered)	3. Color or Rac White	M	5. Place Ida		a.county Shoshone	, b.	city or Town. Wallac	of Birth
THER	6. Full Name of	f Father hn Kellog	gg Wait	е		7. State	or Country of New York	Father's Birth
THER	8. Full Maiden	Name of Mothe	er .			9. State	or Country of	Mother's Birth
<u> </u>	Al:	ice Bunya	ard				Californ	ia
FFIDAVIT	I hereby declar above statement best of my know	e upon oath t s are true to	that the	10 Si gnati	Bangan	of bruite	1. Present Add	ress of Registrant 1st -Seattle
TARY (Seal)	Subscribed and	sworn to befo	re me on	12. Signati	ure of Notary	1.7	3. Notary Comm	ission expires
	October	27	19 <u>5</u> 3	ple	mott o	7 Klein-	July	3/ 1956
nnadzina	Tune of Documen		APPLICANT	DO NOT	RITE BELOW THE	Ș LINE	D D	
JPPORTING ECORD 1.	Type of Documen		eate of	City of	WRITE BELOW THI ssued and signe f Seattle, F	recinct	Date Issued	Date Orig. Entry
	Registratio		ng	No. 34	4. W.C. Thoma	s. City Co	mp.	Feb. 1, 1934
10	Date of Birth	Birth Place		Full Name	of Mother	, , , , , , , , , , , , , , , , , , , ,	Name of Fath	er
ass*B	42 yrs old		Idaho					
PPORTING	Type of Documen	t		By whom is	ssued and signe	d	Date issued	Date Orig. Entry
CORD 2-	Application	for Insur	ance	The Pa	cific Mutual	Life		Nov. 30, 192
В	Date of Birth	Birth Place		Full Name	of Mother		Name of Fath	
lass	April 2, 18	91 Wallace	Idaho					
PPORTING	Type of Documen				ssued and signe	d	Date issued	Date Orig. Entry
ECORD 3-	Genealogy o in the yea Date of Birth	f family p	oublished	Edwa	rd F. Waite.	Incle	April 21	1053
7	Date of Birth	Birth Place		Full Name	of Mother	OMOTO	Name of Fath	er
assB	April 2, 18							
IALIFYING IFORMATION								
GISTRAR'S ERTIFICATION	I hereby certif registrant and foregoing abstr	that document	or birth coary evidence	artificate ce has beer	has been found reviewed, which	in the Divisi ch substantia1	on of Vital S tes the facts	tatistics for this as set forth in the
(seal)	State Registrar			Evidence	reviewed by			Date Filed
	•	W. W. Bens		1 .	dna Hamilto			Oct. 29, 1953

HEALS AS ALMAN A TRAD BAYALAS 28 . N. W. 12 23-3 Les tart to the term **Muci** 30 Fiate to the target this are noticed to constitute cdeol .sutua ok riv .e.s o to easy lifet a residence of the Table at (400) (APROM) ased S - MAROYT 1041 Educated Burered Season Ibroa 160 - 122 red in many to total and the terretories 5. Place .: 61-th dials to must be ville arodzońs escol mild: oon!in" Territory To see the later of State or Spattry of Hatharic Rivel. MacV yell John Kelloge Walte S. Ril Helden has of Mother THE O deriff a land of hountry of hother a filter Protose and La a inection) ert izel illen enne ere beb vol Made another of periotrent the Present Address of Manager Confederations at 1711 to the eldteet- Jeit .. Bl. which the is used and stress to before no on Is. Notel'y Omelation angless L. Slammitte of Kotary K B A 一个概念。1974 (Makeon Cartificate of rense issued est sined Other of Seetsle, Freeingt V. J. 3 Tel 100 et al ericor for Voting Meb. 1. 1934 LO M. H. C. Theres Livy Com Deta of Birth Sirth Place tone of Fuller remais bon because builde vil Juanu of Ta bev AME TO STAN heme i come A SHAP TO The Past?: Sintruct Life Application for Insurance Nov. 30, 1929 Date of Birth Waltin Place Tell Bear to east Ilui Mans of Father E. Lake !! Corti . C. 1391 Wellage. Ident en diversion A feet to the rest bengis but besst i com ve CHITHOPELE Date della, Bittle Detect i disched £ 06 9629 venuelosy of built sublishes School R. Valte Uncle IS I rock wie de fact first Place April 2, 1691 34 14 1 16 心口细胞内包 allegy countify best to gries blish conflicted has seen found in the Division with Statistics for this read cond that socurentary evidence has been reviewed, which untirentiates and facto an est forth in the Star Con strar beill sted Eridence Townships W. W. Benson and there was 0ct, 89\_1968 Cines A at the Cines made and determined the constitution of four B birthday.
Cines a Red of the Contendate Star the Courth elibera but see at least contendate. COLUMN TO STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE

Amartment of	3-128-025-23 U	ETATED ESTABLISHED BIL	(iM State Fi	le No. De 53-998_
Division of Vi		STATE OF IDANO	Local Re	g. No
Bolse, Idaho	•	OCT 1 6 1953	Reg. Dis	t. No
REGI STRANT	1. Registrant's Full Name at	Birth	2. Date (month)	(day) (year)
(Person whose Birth is being	WIDELC MITTEL	5. Place of Birtha. County	of Birth July	28- 1891
registered)	White Male	5. Place of Birth a. County Jdaho	Grangeville,	faho <sup>th</sup>
FATHER	6. Full Name of Father		7. State or Country of F	ather's Birth
	Henry Clay Mill	ler.	Iowa Clint	on
MOTHER	8. Full Maiden Name of Mothe	r	9. State or Country of M	
	Caroline Steam	av Schmadeka	Eugene, Oregon	
AFFIDAVIT	i hereby declare upon oath t above statements are true to best of my knowledge and bel	that the 10. Signature of Registrant	// / _	ess of Registrant
NOTARY (Seal)	Subscribed, and sworn to befo	re me on 12. Signature of Notary	13. Notary Commi	ssion expires
	CAFF.	19.53 STWILL	- Cefriel	/ 1954
		APPLICANT DO NOT WRITE BELOW THIS L By whom issued and signed	INE	
SUPPORTING RECORD 1.	Type of Document			Date Orig. Entry
	Application for Ins Date of Birth Birth Place	urance Great Western Mutual Full Name of Mother	ASSOC. Name of Fathe	Nov. 25, 1936
Class*_B	July 28, 1891			
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Affidavit by an Aunt		Oct. 13, 1	953
. B	Date of Birth Birth Place	Full Name of Mother	Name of Fathe	r
Class	July 28, 1891 Grangev	ille, <sup>I</sup> daho		·
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Affidavit	William Hayworth Sti	1 40, 4.700	
class B	Date of Birth Birth Place	Full Name of Mother	Name of Fathe	r
Class	July 28, 1891 Grangev	ville, Idaho Caroline Steany	Schmadeka Henry Cla	v Miller
QUALIFYING INFORMATION				
· · · · · · · · · · · · · · · · · · ·				
REGISTRAR'S CERTIFICATION (seal)		or birth certificate has been found in ary evidence has been reviewed, which a		
	State Registrar	Evidence reviewed by		Date Filed
	W. W. Benson	Edna Hamilton		Nov. 2, 1953
*Class A Record	ds are those made and dated b ds are those made after the f	efore the Registrant's fourth birthday. ourth birthday but are at least 5 years		1
Form DPH 4906	7		1 6 60	( ) I

COMPRESSION CONTRACTOR OF THE PROPERTY OF THE FREE TOTAL OF THE PLATE Attack and the last teacher Talkati na 7 Local Hage West serve is the first territorial in Edel A FTGG CARD! .\*\* OC ACHERY LOWER TO MAKE THE EXPERIMENT IN THUT THE ( Tenes iveti IATE GOTTE STREET rest. 225 SEAN ALEXAVI TING ANIS noiss et arris STEE POOR thatate no orab! efni' Valley to one? The MAY 3 19**53** traction of property of MARKET CLIP MILLER model Tr # T full Material of Material 43 W (# this ereated to vilyen in Stell . SECTOR AND SET STORY OF STREET STORY OF STREET TORM Existandes vassas exiteren in install watered of Marini all inside and to anite of the the second of the second to be a local of more and believe the "Part Statement vision to bruising ! .. Polas: Complation auditme 1 6.91 ~ + ex THE SHEET ROOM STORY OF THE TANK LAND LAND Leading A. Port St. T. Saint Stelle Late Office Teles benef. 6/80 electrical tot cetteralique 12 A.C. dreat master author design. STREET OF THE STREET AND THE na contra de la contra del la contra de la contra de la contra del la contra Second St. Lat. 12 I craim recording the second of the se \*\*. 14. 1058 aicomica atrime" SOLO COLUMN AUTHOR TO GLOBO sacial to see restall a path ANDY 201. 1901 Congression. with a wind state IMMERSOC TO LEVE bound! air barrie bes beweg non di **SECTIONS** Strat Mak Llow I to attend on the Still of the Still o 10/27/55 Fall under 1 Wortner Age of Circle Art Street \* \*\*\*\* July 23. 1001 Grangoville. Tell M wall write also made varied or flower old ! 24/712.40 W. PERSONAL PROPERTY IN of wirely carbify that no prive birth carbificate has been found in the Division of VI tall Statistics beautiful 8 'AMTA classes and dest documenter; and dente her beauty surveyed which substituted the Table at and court in the WIT TO S . I votizán dai nyva-Lugar) selfi essi Evidence restored ar TETTO IDE! ALL! cocces is a second Mov. S. 1925 Modifical and fally these nate and decide that for a carrie fauth a rend and the state of the time to the state of th

Boise, Idaho		OCT 6 1953	Reg. Dist. No
REGI STRANT	1. Registrant's Full Name at Birth	2. Date	(month) (day) (year)
Person whose Firth is being	HARRY WILLIAM WALTON	BITTH	October 15 1891
egistered)	3. Color or Race 4. Sex White Male	Cassia	o.City or Town of Birth
ATHER	6. Full Hame of Father Thomas Cowden Waltor	54. O 54. C	or Country of Father's Birth
OTHER	8. Full Maiden Name of Mother Helen Josephine Rath		or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrent 424 Butler St.
OTARY (Seal)	Subscribed and sworn to before me o	n 12. βign€ture/of Hotary 1	3. Notary Commission expires
	October 3rd, 19 53	John J. Hoodge	August 13 19 56
UPPORTING	Type of Document	ANT DO NOT WRITE BELOW THIS LINE	Date issued   Date Orig. Entry
ECORD 1-	Affidavit by older brother		9/15/53
	Date of Birth Birth Place	Full Name of Mother	Name of Father
lass*B	Oct. 15, 1891 Albion, Idaho	Helen Josephine Rathbone	Thomas Cowden Walton
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed Cassia County Schools, Alton	
. В	School census record Date of Birth Birth Place	Martindale, Business Manager Full Name of Mother	10/21/53 1918 Name of Father
lass	Oct. 15, 1891		
ECORD 3.	Type of Document	By whom issued and signed	Date issued Date Orig. Entry
	Affidavit by Date of Birth Birth Place	Wesley Elerm Walton, 75 yrs Full Name of Mother	old S pt. 21, 1953
lassB	Oct. 15, 1891 Albion, Idaho	Helen Josephine Rathbone	Thomas Cowden Walton
UALIFYING NFORMATION			
REGISTRAR'S CERTIFICATION	registrant and that documentary evi	h certificate has been found in the Divis dence has been reviewed, which substantia	sion of Vital Statistics for this tes the facts as set forth in the
(seal)	foregoing abstract. State Registrar	Evidence reviewed by	Date Filed
	W. W. Benson	Edna Hamilton	Nov. 9, 1953

DELAYED CERELESCAFE OF PIRE The Total Till Matt est situation than the STATE TRATE .of .ces 1400. LOA JAIL LOAD 1.15 500 VITAL BUTE ViO. E places weth STATISTICS 10 al men 10 al m Azile or Toe of 12.6 3.81 TOCATION PORT FIRE State or Country of Patient a Birth collet gammacticates lennswiv wia tent of to more estimated the 9. State or Country of tielen Josephine Hetabone 882118 CONTROL EST DATE SETTING NOT SAIN that the Up. Standard of Resistant word structed and true to the . to lied how sens from the lies. the second of the second of the second of in Motory Signal THE WASTE TO WE TAKE THE THE WAY OF Seven | e la frome of to sext I INTO 9/15/83 morfe \* errol ter ford relie ve three rections tell same of Mother territis to week parts of Birth Birth Place THE OWNER OF THE OWNER the extrinsion of water i me of the property of the short The Contract of the Contract o Total . Piton Authorized the Long Canadar. School county record ites of wirth wirth Place LOW M. ILON he of a bear a sucke ve Transport : CART SHITTOTEL Date Orice Dates Dates | Size Neeley Sera Malton. 75 are ald a con-Mississis A Oute of Birth & "ta Picto Cot. 15, 1591 Aleton, ideac enodetal estacest melan netla" nobed cared" ELLITY (BU) EDITA MEGIS It hareby certify that no or the correspond has been come to be firsted that the first that the certify that he or the first that he certify that he or the first that he certify that he certify that he certification is the certification of artification requirems and that decommentary sylveness and reviewed, chica successive case the thought and the track and the tra foregoing shatract. Lisaci Ly Sente Carlende or State Rec strar Nov. 9, 1955 Page davi lean noane? . F. W esser le et la mit laret, le est locale per ette broke ette ette there is decided as a reserved to be the former as as a reserved to be a controlled to the controlled AMOUNT HER BLUE

REGISTRANT (Person whose Birth boing registered)  ACT OF PARCE  FATHER  B. Full Name of Father  AFFIDAVIT  I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.  MOTARY (Seal)  Supporting REGORD 1.  Class*  B. Supporting REGORD 2.  Class*  B. Supporting RECORD 3.  Class*  B. Supporting Record Registrant Registrant Registrant Record Registrant Record Registrant Record Registrant Record Record Record Registrant Record	OS-OOY-244 DELAYED	CERTIFICATE OF BIRTH	State Fil	e No. De53 1048
REGISTRANT I. Registrant's Full Name at Birth 2. Date fronthy (day) (year) (liferson whose light his being registered) 3. Color or Race 2. Sept. 5. Place of Birth a.county Shirth September 5 /89 (array of Race) 2. Date of Birth September 5 /89 (array of Race) 3. Color or Race 2. Sept. 5. Full Name of Father 2. Sept. 5. Place of Birth a.county Shirth September 5 /89 (array of Race) 3. Color or Race 3. Sept. 5. Full Name of Father 3. Sept. 5. State or Country of Father's Birth September 3. Sept. 5. Sept. 5. Sept. 5. Sept. Sept. 5. Sept. Sept. 5. Sept. Se	tal Statistics NOV 1 6 1953	STATE OF IDAHO	Local Reg	j. No
Color of Race   1. Sex   2. Sex   3. Oalgo of Race   2. Sex   3. Sex   3. Place of Birth   3. County   3. Oalgo of Race   3. Sex   3. Se				
SHEPHERD  Soliton's being peglitored and speed father and speed father above statements are true to the best of my knowledge and belief.  Supporting the of Birth Birth Place full name of Hother Bose hadge and signed the of Birth Birth Place Sept. 5, 1891 Paris, Idaho  Supporting Type of Document University enrollment record Adelaide Falmer, Recorder University enrollment record Adelaide Falmer, Recorder Burth Birth Place Sept. 5, 1891 Paris, Idaho  Supporting Type of Document University enrollment record Adelaide Falmer, Recorder Birth Birth Place Sept. 5, 1891 Paris, Idaho  Supporting Type of Document University enrollment record Adelaide Falmer, Recorder Burther Sept. 5, 1891 Paris, Idaho  Supporting Type of Document Supporting Type of Document University enrollment record Adelaide Falmer, Recorder Burther Sept. 5, 1891 Paris, Idaho  Supporting Type of Document Supporting Type of Document University enrollment record Adelaide Falmer, Recorder Burther Recorder Sept. 5, 1891 Paris, Idaho  Supporting Type of Document Supporting Type of Document University enrollment record Adelaide Falmer, Recorder Burther Recorder Burther Recorder Sept. 5, 1891 Paris, Idaho  Supporting Type of Document Supporting Supporting Supporting Sept. 5, 1891 Paris, Idaho  Supporting Type of Document Supporting Recorder Sept. 5, 1891 Paris, Idaho  Supporting Sept. 5, 1891 Paris, Idaho  Supporting Supporting Supporting Supporting Supporting Supporting Supporting Supporting Sept. 5, 1891 Paris, Idaho  Supporting	1. Registrant's Full Name at Birth	Of	<i>V</i>	
Soly of Rece   S. Sex   S. Place of Birth   S. Place of Birth   S. Full Name of Father   S. Full Name of Father   S. Full Name of Hother   S. Sex or Country of Hother's Birth   S. Sex or	DAUID SHE	PHERD Birth		
AFFIDAVIT    A. Full Mades place of Mother   S. Full Mades place of Mother   S. Full Mades place of Mother   S. Full Mades place of Mother   S. Full Mades place of Mother   S. Full Mades place of Mother   S. Full Mades place of Mother   S. Full Mades place of Mother   S. Full Mades place of Mother   S. Full Mades place of Mother   S. Full Mades place of Registrant   Mother   S. Full Mades place   Supporting   Supporting   Mother   Supporting   Supporting   Mother   Supporting   Mother   Supporting   Mother   Mo	3. Color or Race 4. Sex 5. Place	EAR LAKE F	ARIS	
Second   S	6. Full Name of Father	7. State	or Country of Fe Exambura	ther's Birth Ingland
I hereby declare upon oath that the above statements are true to the above statements are true to the best of my knowledge and belief.	8. Full Maiden / Mame of Mother	9. State	or Country of Mc	other's Birth
SUPPORTING RECORD 1.  Type of Document Church Record L. D. S. Church L. D. S. Church L. D. Sept. 5, 1891 Paris, Idaho  Supporting RECORD 2.  Type of Document Church Record L. D. S. Church L. Date issued and signed Sept. 5, 1891 Paris, Idaho  Supporting RECORD 3.  Type of Document University, by University enrollment record Adelaide Palmer, Recorder L. Date of Birth Birth Place  Sept. 5, 1891 Paris, Idaho  Supporting RECORD 3.  Type of Document University enrollment record Adelaide Palmer, Recorder Recorder Recorder L. Date of Birth Birth Place  Sept. 5, 1891 Paris, Idaho  Supporting RECORD 3.  Type of Document University enrollment Recorder Recorder Late of Birth Birth Place  Sept. 5, 1891 Paris, Idaho  Supporting RECORD 3.  Type of Document Application for Insurance Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Reme of Father  Sept. 5, 1891 Paris, Idaho  Supporting RECORD 3.  Type of Document Application for Insurance Inter-Mountain Life Ins. Co. June 9, 1919  REGISTRAN'S SUPPORTING REGISTRAN'S Inter-Mountain Life Ins. Co. June 9, 1919  REGISTRAN'S OUR INTERCORD REGISTRAN'S O	I hereby declare upon oath that the above statements are true to the	10. Signature of Registrant	$\sim$	, ,
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University enrollment record Adelaide Palmer, Recorder 11/11/53 June 1920  Date of Birth Birth Place Full Name of Mother Sept. 5, 1891 Paris, Idaho  Supporting RECORD 3.  Application for Insurance Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place Full Name of Mother Inter-Mountain Life Ins. Co. June 9, 1919  Date of Birth Birth Place	Sept. 5, 1891 Paris, Idaho	Rose Budge	Joseph R.	Shepherd
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Sept, 5, 1891 Paris, Idaho  NALIFYING NFORMATION  REGISTRAR'S SERTIFICATION (seal)  Sept, 5, 1891 Paris, Idaho  I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	Application for Insurance			
REGISTRAR'S SERTIFICATION (seal)		Full Hame of Mother	Name of Father	•
SERTIFICATION registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			_ <u></u>	
SERTIFICATION registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	registrant and that documentary evide	certificate has been found in the Divis ence has been reviewed, which substantia	ion of Vital States the facts as	atistics for this s set forth in the
		Evidence reviewed by		Date Filed
	State Registral			
(seal)		1. Registrant's Full Name at Birth  DAUID SHE  3. Color or Race 4. Sex Male  6. Full Name of Father  Rose DA  8. Full Maiden Name of Mother  Rose DUDE  I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.  Subscribed and sworn to before me on  APPLICAN  Type of Document  Church Record  Date of Birth Birth Place  Sept. 5, 1891 Paris, Idaho  Type of Document  University enrollment reco  Date of Birth Birth Place  Sept. 5, 1891 Paris, Idaho  Type of Document  Application for Insurance  Date of Birth Birth Place  Sept. 5, 1891 Paris, Idaho  Type of Document  Application for Insurance  Date of Birth Birth Place  Sept. 5, 1891 Paris, Idaho  Type of Document  Application for Insurance  Date of Birth Birth Place  Sept. 5, 1891 Paris, Idaho	1. Registrant's Full Name at Birth  DAUID SHEPHERD  3. Color or Race 1. Sex 5. Place of Birth a.county  Male BEAR LAKE  6. Full Name of Father  Tosebh Russell SHEPHERD  8. Full Halden Mame of Mother  Rose Jupge and belief.  Subscribed and amorn to before me on 12. Signature of Registrant above statements are true to the best of my knowledge and belief.  Subscribed and amorn to before me on 12. Signature of Notary  Type of Document  Church Record  Church Record  Church Respect Birth Birth Place  Sept. 5, 1891 Paris, Idaho  Type of Document  University enrollment record Adelaide Palmer, Recorder  Full Name of Mother  Sept. 5, 1891 Paris, Idaho  Type of Document  Sept. 5, 1891 Paris, Idaho  Type of Document  Application for Insurance  Application for Insurance  Inter-Mountain Life Ins. Co.  Full Name of Mother  Full Name of Mother  Sept. 5, 1891 Paris, Idaho  Type of Document  Application for Insurance  Inter-Mountain Life Ins. Co.  Full Name of Mother  Full Name of Mother  Full Name of Mother  Full Name of Mother  Full Name of Mother  Full Name of Mother  Full Name of Mother  Full Name of Mother	1. Registrant's Full Name at Birth  DAU D SHEPHERD  3. Color or Race L. Sex S. Place of Birth a.county  Male  BEAR LAKE  1. Hereby declare upon oath that the bave of area ear true to the bave statements are true to the bast of my knowledge and belief.  Bubscribed and aworn to before me on  Church Record  Date of Birth Birth Place  Sept. 5, 1891 Paris, Idaho  Type of Document  University enrollment record  Application for Insurance  Application for Insurance  Application for Insurance  Application for Insurance  Application for Insurance  L hereby certify that no prior birth certificate has been found in the Division of Vital Streegistrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and that documentary evidence has been reviewed, which substantiates the facts at registrant and

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/55-	Public Health 386 DELAYER	CERTIFICATE OF BU	RATH	State File	No. De53 106
Division of Vi	tal Statistics	STATE OF IDAHO	_	Local Reg.	No
Boise, Idaho		SEP 2 3 1953	3	Reg. Dist.	No
REGISTRANT	1. Registrant's Full Name at Birth	DIVISION OF V	2. Date (mo:		ay) (year)
Person whose Firth is being	Rosavel Les	sen statistics	Birth	0. 13	2.189
egistered)	3. Color or Race 4. Sex 5. Place	e of Birth a. County	<del></del>	or Town of B	irth
	Half Breed female Res	iburg Fremont			
ATHER	6. Fell Name of Father  Hans J Jen  8. Full Maiden Name of Mather	sen	7. State or con		er's Birth <i>Denman</i>
OTHER	6. LALL LIGHT HOUSE OF MOTHER		9. State or Co	untry of Moth	er's Birth
	Lund Thorp		M		x aus
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant Rosabel Jen		esent Address	Off Registrant
OTARY (Seal)	Subscribed and sworm to before me on			tary Commissi	on expires
	1 = 4 1 .~ -				
	September 18 1953	Jareta Waly	re	ril	19 <u>56</u>
	APPLICA	NT DO NOT WRITE BELOW THIS L By whom issued and signed	INE		
UPPORTING ECORD 1-	Type of Document	Fremont County Board		e issued D	hool Census
	School record (enrollment)	E. O. Rich, Co. Supt			pt. 1905
_	Date of Birth Birth Place	Full Name of Mother	Name	e of Father	
lass*B	14 yrs old.		ļ		
UPPORTING	Type of Document	By whom issued and signed	Date	e issued _D	ate Orig. Entry
RECORD 2.	Church Record	L. D. S. Church, by	111	תום	tered on rec rior to 19 <b>0</b> 6
	Date of Birth Birth Place	Joseph Fielding Smith		of Father	1101 00 1000
lassB	T 12 1901 Damburg Table	Townsh Townson	Vos	ns J. Jens	
UPPORTING	June 12, 1891 Rexburg, Idah	Dunet Jensen  By whom issued and signed			ete Orig. Entry
RECORD 3.		L. D. S. Church, by		-	aptized prio
	Baptismal Record	L. D. S. Church, by Earl E. Olson, Libra Full Name of Mother	arian 10,	/1/53 t	o 1906
. В	Date of Birth Birth Place	Full Name of Mother	N am	of Father	
lass	June 12, 1891 Resburg, Idaho	Lunet Thorp	Ha	ns Jensen	4
UALIFYING NFORMATION					
EGISTRAR'S ERTIFICATION (Seal)	I hereby certify that no prior birth registrant and that documentary evid foregoing abstract.				
,,	State Registrar	Evidence reviewed by		Da	te Filed
	W. W. Benson	Edna Hamilton			v. 24, 1953

Form DPH 49067

WHAT HE ALLE Section of the The second SEP 2 3 1353 DIVISION OF at Ti STATISTICS er 19 heldt e K. Place of Sirth There are the r Little to me of the TALE A LOCAL TO VINENT TO SHAPE BOOK THE TANK TORY s Lute or Gauntity of Mether's Street Story Color A CONTRACTOR OF THE PARTY OF TH 331 45 4 B. Bimer eigen ber febrieden. E Knowl at 12. Similarie of E torv to a common or a Sie of the second me . St. doi: 1 27 35 miles Sacora Loomo 2 1 Jest., 1906 OK in of Siris Bir many to the table of Transport ) is the second TO THE PERSON vi . is is to .? . D .I Church record 12-1- ac 1906 canno Malcine arth 224 -17 E ... (18 2a etal) are of father menet . b anali June 12, 1691 by Issumpol to cont de return i neuted one at appet beta Origi Entry tauss old ARITEON or bearing? Septism ? Ber Date of Birth Birth 1991 SI end LAST SE MATERIAL POR at the polos course cert cluste the open force in the ch. con or the selection for the this selection that the this selection, given the selection of the contraction MOTE OF SECTION Street with City Date Files Esidence reviewed by Seef 'F' Ac. and First and the single of the same that growth their confirmation of the minimum.

oise, Idaho	tal Statistics Di	vision of Vital	Statistics			Reg. Di	st. No	
EGI STRANT	1. Registrant's Full	Name at Birt	h	2.	Date	(month)	(day)	(year)
Person whose	Douglas	Earl Th	מיים		Of Birth	Dec.	6	1891
irth is being egistered)	3. Color or Race 4.	Sex 5. P	lace of Birth a. County	y	b.	City or Town		
	White N	Male Tr	oy Latal	h	Troy.	Idaho		
TATHER	6. Full Name of Fath	er		7.	State d	or Country of	Father's	Birth
	Stephen A. J	horp			Boone	e county,	Iowa	
OTHER	8. Full Maiden Name	of Mother		9-	State (	or Country of	Mother's	Bi rth
	Gertrude I	lint				and (		
AFFIDAVIT	I hereby declare upo above statements are		1	-	T T	L. Present Add		-
-	best of my knowledge		Dorques &	and or	Wast	elgeson H	otel,C	rofino
OTARY (Seal)	Subscribed and sworn	to before me			1			
	December	23 19 <u>S</u>	3 Warren 3.	Spane	<u> </u>	Novembe	- 15	19 56
	Type of Document	APPL	ICANT DO NOT WRITE BELC By whom issued and	DW THIS LINE		Date Issued	Ineta A	ria Entru
SUPPORTING RECORD 1-			1					y. Ditty
	Affidavit by m		Gertrude Thor			Dec. 7,	1953	
_	Date of Birth Birth	Place	Full Name of Mother	r		Name of Fath	er	
lass*_B	Dec. 6, 1891,	Troy. Idah	o Gertrude Eli	int	-	Stephen		
SUPPORTING	Type of Document		By whom issued and			Date issued	Date 0	rig. Entry
RECORD 2.	Application		Social Secur	ity Board		Sept. 13,	1938	
_	Date of Birth Birth	Place	Full Name of Mother	r		Name of Fath	er	
ClassB	Dect.6, 1891, 7	rov. Idaho						
SUPPORTING	Type of Document		By whom issued and	signed		Date issued	Date 0	rig. Entry
RECORD 3.	D	land.		-		not give	n	
	Registration (Date of Birth Birth	Place	Draft Board Full Name of Mother	 r		Name of Fath		
Class_B	Dec. 6, 1891, 7							
UALIFYING	+					1		
N FORMATION								
REGISTRAR'S CERTIFICATION	I hereby certify the registrant and that foregoing abstract.	t no prior bi documentary e	rth certificate has been syldence has been reviewed	found in the d, which subs	o Divis stantia	ion of Vital S tes the facts	tatistics as set fo	for this rth in the
{seal}	State Registrar		Evidence reviewed	pÅ			Date Fi	1 ed
	W. W. Benson		Mabel He				Jan.	18, 195

January The state of the state of the state of THE THE PARTY OF T mental for many and the following. BUTTER OF COLUMN priteil live to the live The second rest The second second The walk of the same of the sa THE RIVER TO SERVICE THE **计设备等工作设施、企业企业** THE PERSON NAMED IN "to sup to breat list 主要多年 。 主要特别为许 TO I I A LABOR DATE LA THE PARTY OF THE P THE TOLERS ks lanes to so i -action to meet the 42014 #11E #115 72 FE Constitution of the Constitution of CALLS AND THE STATE OF THE STATE OF rediction to study 13% STATE OF THE POST LAND

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DELAYED CERTIFICATE OF BIRTH 1991/8-00/-253 State File No. De54-72 STATE OF IDAHO Local Reg. No.\_\_\_\_\_ Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth **REGISTRANT** 2. Date (month) (day) (year) NORRIS MORDAUNT FRITCHMAN Of NOV. 1891 18 (Person whose Birth is being 3. Color or Race 4. Sex 5. Place of Birth White male # 1DAHO a. County registered) beCity or Town of Birth BOISE 6. Full Name of Father 7. State or Country of Father's Birth FATHER HARRY KIER FRITCHMIAN WEST MORELAND CO. PENNA. 9. State or Country of Mother's Birth 8. Full Maiden Name of Mother MOTHER . AMANDA SECKEL MARION CO. OHIO LEOTA AFFI DAVIT I hereby declare upon oath that the 10. Signature of Registrant 11. Present Address of Registrant above statements are true to the Donno M. Fritehman 5600 LUBKIN ST. BOISE 120 best-of my knowledge and belief. 12. Signature of Notary 13. Notary Commission expires Subacribed and sworn to before me on NOTARY (Seal) 19 >4 APPLICANT DO NOT WRITE BELOW THIS LIME BY whom issued and signed Type of Document Date Orig. Entry Date issued SUPPORTING 5/5/29 RECORD 1. 5/5/29 Birth Certificate #170988 A. J. Coats. M.D. Full Name of Mother Date of Birth Birth Place Name of Father Class\* B 37 years of age at time of this birth Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING 2/1/54 RECORD 2. Leota A. Fritchman, mother Affidavit Date of Sirth Birth Place Full Name of Mother Name of Father class\_B Leota A. Fritchman 11/18/1891 Boise, Idaho Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 3. Equitable Life Assurance Soc. of the United States Life Insurance Policy 7/1/1929 7/1/1929 Date of Birth Birth Place Full Name of Mother Name of Father Class B 11/18/1891 Boise, Idaho **OUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Evidence reviewed by Date Filed State Registrar 2/1/1954 Opal Peterson W. W. Benson \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. Form DPH 49067

HEALD 36 MADIALISA GAYA IN CHANT IN YEAT? Cara Reys . Con. City of the to relative ich Dell mush Silet . Selo? THE THE DIE THE PARTY OF THE T 144 (77) 15 74 idino. TOUR JE LOVE MARIERALE PURE FOUNT FOR EMEMBER erade, dozaka saint al de l'a trouble diale is easis at not it sould to toler a the rate land TO TOWN OF METERS make the school EX.N. I APLIA S'THALL TO VISABOO TO BLEE Teurer ID was a tribial WEBS WIER TROOMSHIM Was I work and the PENNER radiant to easy onbight its ! I state or Country of Norther's Marts SE CAEL MUK DH CO. CHIC test a look to victamals . de teant inch to south taken :: and test that the states and N N BEN : TE STREET TE ET Same of the total house to the work in St Boat to ALL SO THE METERON TO THE as se wated it man best take. 14. LOTARY Chamistains endistritie. andsatte out hotals PRESIDENT TO MANY wife Trial State A. J. Sonts. N.b. Struck Certa: Lunte a 179% of date of sirth Birth Place terital to small Part seem of Mather and the sour to areas W Lessing To seri bares : erad Donois bee between solly vi Wild also be 1/5h Legis A. Pr. C. mer. mother Africavit time of Estaer Full Mans of Hother Date of 21 th hirth Place 22810 Title 1891 Boise, logic country Amboo bete lamed - Date Orfe, Betrg Senois bras bendal work to Impreso? to said ARITHOGEN Life Insurance Policy 7/1/1920 7.1/1929 will seem of Mether tors of father Dete of Birth Birth Blece Trafficer Scient Como THE LETTERS SOUTH PORTING I herety certify that no prior birth certifyigate hee been found in the Division of vitel Statistica fee this e dingan TOUTTEED CO. OUS Cate Filed Evidence reviewed by Restation? 10.01/1 udamsaa la moraus .W .W And we was the continue was after the foreign by the history at means weare pile.

SST-W3-036-SST Bepartment of Public Health
Department of Public Health
Division of Vital Statistics
Boise, Idaho

2.	Date	(month)	(	day)	(year)
		Reg.	Dist.	No	
		Local	Reg.	No	
11	i	State	File	No	De54-123

B-036-557  ubilic Health al Statistics  DELAYED CERTIFICATE OF BI STATE OF IDAHO	RTH		File No Reg. No	
		Reg.	Dist. No	
1. Registrant's Full Name at Birth	2. Date	(month)	(day)	(y
Gainor Evans	Of Birth	Jan	13	18
3. Color or Race 4. Sex 5. Place of Birth a. County White Female Idaho One ida	b.	City or Town	of Birth	
6. Full Name of Father	7. State	r Country of	f Father's E	irth
Joseph W. Evans	V	/ales		
8. Full Maiden Name of Mother	9. State	r Country o	f Mother's E	Birth
Mary Ann Evans	V	<i>l</i> ales		
I hereby declare upon oath that the 10. Signature of Registrant	11	. Present Ac	idress of Re	gist
above statements are true to the best of my knowledge and belief. Samon & Mu	tchell	Malad	, Idaho	

8.	Full Maiden Name of Mother	
	Mary Ann Evans	
ab	hereby declare upon oath that the ove statements are true to the st of my knowledge and belief.	10. Signature of Registran

ress of Registrant Idaho 13. Notary Commission expires

12. Signature of Notary John H. McAllister

10.

11	19 54	
	APPLICANT	y
		I
for	Insurance	İ
- 1		т

Clerk of district Court Jany DO NOT WRITE BELOW THIS LINE By whom issued and signed Idaho Mutual Benefit Assoc.

Date Orig. Entry Oct. 31, 1940

1891

Application 1 Date of Birth Birth Place Jan. 13, 1891. Malad. Idaho

\*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

Full Name of Mother By whom issued and signed Name of Father Date Orig. Entry Jan. 13. 1891

Type of Document SUPPORTING RECORD 2. Bible Record Date of Birth Birth Place Class\_ Jan. 13. 1891 Type of Document

Bible viewed by John H. McAllister, Clerk of the District Full Name of Mother Count Court By whom issued and signed Myfanwy Evans McClurg

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this

registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the

Full Name of Mother

Evidence revi

Mary Ann Evans

Date Orig. Entry

SUPPORTING RECORD 3-Class\_\_\_\_R **QUALIFYING** IN FORMATION

REGISTRAR'S

CERTIFICATION

(seal)

Form DPH 49067

Date issued

Dec. 15.

Joseph W. Evans

Date issued

Date issued

Date Filed

Feb. 15, 1954

February

Affidavit by sister

Jan. 13, 1891, Malad City

Date of Birth Birth Place

foregoing abstract.

W. W. Benson

State Registrar

Type of Document

best of my knowledge a Subscribed and sworn to before me on

**AFFIDAVIT** above statements are to NOTARY (Seal)

**REGISTRANT** 

FATHER

MOTHER

SUPPORTING

Class\*

RECORD 1.

(Person whose

Birth is being registered)

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155-219	036-165	LOV 1 N 10E PEL	AYED CERTIFICATE OF STATE OF IDAHO	BIRTH	State Fi	ie No. De54 134
prepartment of Division of Vi	ital Statistics	MA T 9 1323	STATE OF IDAHO		Local Re	g. No.
Bolse, Idaho		•			Reg. Dis	t. No
EGI STRANT	1. Registrant'	's Full Name at Bi	rth	2. Date	(month)	(day) (year)
Person whose irth is being	Catheri	ine Jenkins	Heir 195	Of Birth	Dec <b>e</b> mber	19, 1891
egistered:	3. Color or Re White		Place of Birth a county Malad City, Oneida	. Idaho Ma	Gity or Town o	f Birth Idaho
ATHER	6. Full Name o	f Father	Box 155	7. State	Country of F	ather's Birth
	William	n G. Jenkins	8	1	th Wales	
OTHER	8. Full Maiden	Name of Mother Jane Jones		1	or Country of M th Wales	other's Birth
FFIDAYIT	above statemen	are upon oath that its are true to th owledge and belief		hokene	L. Present Addr	ess of Registrant
OTARY (Seal)	<del></del>	sworn to before			<u>MEIEC C.</u> 3. Notary Commi	ity, Idaho salon expires
	Novemb	oer 16 19		mes	Thor	1 1956
	_ <del></del>	AP AP	PLICANT DO NOT WRITE BELOW T	HIS LINE		
UPPORTING ECORD 1-	Type of Docume	mt	By whom issued and sig	ned	Date Issued	
LOOKD 1		by uncle	William Henry J	Iones	Nov. 16, 1	L9 53
	Date of Birth	Birth Place	Full Name of Mother		Name of Fathe	r
lass* B	Dec. 19.	1891, Malad C	lity. Idaho			
UPPORTING ECORD 2-	Type of Docume	en t	By whom issued and sig		Date issued	Date Orig. Entry Bible printe in 1881
	Bible reco	rd of family	births C.M.Ware, Notary	r Public	Name of Fathe	
lass A	Date 01   Dit 1		Tarr Name or recine			•
VIDEACTIVA	Dec. 19, 1	891	Bu when i and a di-		Date issued	Dodg Only Francis
UPPORTING ECORD 3-	Type of Docume	ur t	By whom issued and sig	n <b>e</b> a	Date 1888ed	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	. =	Name of Fathe	r
lass	-					
UALIFYING NFORMATION		<del></del>				
EGISTRAR'S ERTIFICATION		I that documentary	birth certificate has been fou vevidence has been reviewed, w			
(seal)	State Registra	**	Evidence reviewed by			Date Filed
	187	W. Benson	Edna Hamil	14		Feb. 17, 195

DELAYED GERMAN DE DE SHR. N treet felle he. Jack - 334 GIAGE PO MILTO Na. District Art is a search of a flat to the contact. er a with putton; FB: A comment of the state of t the to fast 10 21 Tongal only falls Siele of Cauthy of Picture a Head BOLE HE things. . First Turked to east not in the St. Country of April 19 41 meet's Bette. 9 same and area ading Lings ods sent absorber that the the THE PERSON ! MOTORS OF PROPERTY .... ent of every ent at memoral events; Parsi of the service and belief. call vil biles no on an about of the same part to the plant Year to atch to engineers St 13, notary Commitmien sacirties Pare setted Date Vilg. Bitry TARREST OF THE P1 . 1 . 70. ofour in single that south diam, street to state Pene of Fatour fall have of Mother and wine of the onto drine thing herent size Deadle and Manual acide of #ITSOSSIE of charge manifest to make Late of the Birth Place MIGHE NO CONTRACTOR DE of the care of the series of the care for the first from the first and the series of t and his decimal and that documenters with the tender to the fact of the tender of the tender of the last of the " And Fate of the Late." 10-17 11-0 ye town wat payoblat Peb. 17. 1954

168-129-	Public Health FFR 1 0 1954	CERTIFICATE OF BIRT	H State File No. De54-22	24	
Seepartment of Division of Vi	tal Statistics		Local Reg. No		
Boise, Idaho	Division of Vitel Statistics  1. Registrant's Full Name at Birth		Reg. Dist. No		
REGI STRANT	1. Registrant's Full Name at Birth	2	Date (month) (day) (yea	ar)	
(Person whose Birth is being	Charles Bertrand Johnson		Birth January 29th, 1891		
registered)	3. Color or Race 4. Sex 5. Place		b.City or Town of Birth		
	White Male A	da	Boise Idaho	_	
FATHER	6. Full Name of Father Michael Johnson	7	. State or Country of Father's Birth Norway		
10THER	8. Full Maiden Name of Mother	9	. State or Country of Mother's Birth		
	Maud Crouch		Ohio, U.S.A.		
AFFI DAVI T	I hereby declare upon oath that the above statements are true to the	10. Signature of Registrant	11. Present Address of Registra		
	best of my knowledge and belief.	Charles Bestrand Joh	37 Gardner St., Vallejo	.a) وا	
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires		
	February 6, 19 54	margue mangus M	Q Feb. 21, 19 5	<u>55</u> _	
	APPLICAN	T- DO NOT WRITE BELOW THIS LIN	E   Date issued   Date Orig. Er		
SUPPORTING RECORD 1-	Type of Document	By whom issued and signed	Enlisted or	n	
RECORD 1	Honorable Discharge	Army of the United Sta	ates Jan. 29, 1919 July 23	1	
Class* B	Date of Birth Birth Place 27 yrs 6 mos. old Boise, Idaho	Full Name of Mother	Name of Father	•	
SUPPORTING	Type of Document Designation of	By whom issued and signed Mare Island Naval Ship	Date issued Date Orig. Er	ntry	
RECORD 2.	Beneficiary for Ins.	Mare Island Naval Ship	pyard May 5, 1951		
	Date of Birth Birth Place	Full Name of Mother	Name of Father		
classB	Jan. 29, 1891				
SUPPORTING	Type of Document	By whom issued and signed	Date issued Date Orig. Er	ntry	
RECORD 3-	Application for Social Secu	rity Social Security Ad	m. Oct. 18, 1939	:t. 18, 1939	
	Date of Birth Birth Place	Full Name of Mother	Name of Father		
Class B	Jan. 29, 1891, Boise, Idaho	Maud Crouch	Michael Johnson		
QUALIFYING INFORMATION		•	sts . Washington D. C., gives	s	
	Lodge records International Association of Machinists, Washington D. C., gives the date of birth of Charles Bertrand Johnson as Jan. 29, 1891				
	the date of birth of charte	22 Det of and continuous and c	une 27, 1071		
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth registrant and that documentary evide foregoing abstract.	certificate has been found in t nce has been reviewed, which su	he Division of Vital Statistics for t batantiates the facts as set forth in	his the	
(seal)	State Registrar	Evidence reviewed by	Date Filed	-	
	W. W. Benson	Will the	Mch 25, 19	54	

THE THINKS NTALE NO TRADITIONS A Section of the sect THACK OF STATE value that the to make the Rog. D. L. Ma series de la companya three three DE 200 DOED I DE NO TRE PROPERTIES DE STELLE siris contary 29th and stones and To souly it. Ten a least to the state of Tato -----9. whith or courses of hother's Arthre WALLES TO SELLEN THE SELLEN STATE OF THE SELLEN STATE OF THE SELLEN SELL A.C. . Process of Registrent I work took to writing the fire the state of the s and of some or all residents avails MAN, M. P. TAV. . JC TENDER! to let at spinione; on to hear id. fietare Cumitaina maires water of the section of the section of the section and the state of the state of THE SHEET AND THE TANK Bate Prig. Detry milisted on Jen. 32, 1949 July 22, 1938 act of a period location years Bonneratio Lizenerve SEREME TO DES Testion to west the of Elith Strike are Trees of the Poisse, trees LECT . G Y. tend fictory for En. in Al-A46100 manife street three classes Teller To sent Tarbell to seek 11.7 INC. 20, 1991 Dale sened bate Orin. Leter parto is high bound done of Joodson To How SIPPORTING Sec. 15 :539 the attract Istoc miner La de vet goldschlook u. 65 10 c.se Tailed to such into of Eleta Birth Piers SOUTH LORS IN Jan 29, 12/1, 100ge, tueno saue Trouch. DRIFFIE Toppe record themselone to be added to the state of the seningues of the NO TAMESTAL the Case of Arth of the reserved correspond and 19. 1 71 to supply specified and a form of the second The court for the test decreased we were the test start total and the test of the test of the test of the test . for the object of beli esel to the what eaner is aller of the A STATE OF THE PROPERTY OF THE

356-102,	Public Health RECEIVEL DED	CERTIFICATE OF BIR	RTH €	State Fil	le No. De54-261
Division of Vi	tal Statistics MAR 29 1954	STATE OF IDAHO		Local Reg	g. No
Boise, Idaho				Reg. Dis	t. No
REGI STRANT	1. Registranth sistent chamical currences	:	2. Date	(month)	(day) (year)
(Person whose Birth is being	Ralph Aaron Lewis	:	Of Birth	March	2 1891
registered)	3. Color or Race 4. Sex male 5. Place	of Birth a.County Bannock	b.	city or Town o	
FATHER	6. Full Name of Father	_	7. State o	r Country of Fe	ather's Birth
	Simon Lev	wis		Poland	
MOTHER	8. Full Maiden Name of Mother Mary Gotts	tein Lewis	9. State o	r Country of M Poland	other's Birth
AFFIDAVIT		10. Agnature of Registrant	11	. Present Addre	t Custer 10, Idaho seion expires
NOTARY (Seal)	Subscribed and sworn to before me on	14 Signature of Notary	13	. Notary Commis	saion expires
~ ~	March 3 19 54	( when & Olic	u		19 <u>55</u>
	APPLICANT	DO NOT WRITE BELOW THIS 1. By whom issued and signed	INE		
SUPPORTING RECORD 1-	Type of Document	By whom issued and signed		Date issued	,
REWRD -	Affidavit by Brother	Leo G. Lewis		Mar. 4, 19	<b>54</b>
_	Date of Birth Birth Place	Full Hame of Mother		Name of Father	
Class* B	Mar. 2, 1891 Pocatello, Idaho	Mary Bottstein		Simon, Le	ewis
SUPPORTING	Type of Document	By whom issued and signed		Date issued	Date Orig. Entry
RECORD 2.	Affidavit by sister	Mrs Fred Ball		3-27-54	
	Date of Birth Birth Place	Full Name of Mother		Name of Father	· <del>I · · · · · · · · · · · · · · · · · ·</del>
ClassB_	D	h Minas Caltatain		Simon Lew:	ia
WIDDARTING.	Mch 2, 1891 Pocatello, Idah	Dy whom issued and signed		Date issued	Date Orig. Entry
SUPPORTING RECORD 3.		By whom issued and signed P	ocatello	Dare Leoned	Date Olig. Entry
	School Record	Class A District #2		entered	Sept. 1899
Class B	8 yrs old	Full Name of Mother Bannoc	k County	Name of Father	
QUALIFYING	Mch 2, 1891		·	<u> </u>	· · · · · · · · · · · · · · · · · · ·
INFORMATION	Also, Monorable Discharge fr	rom the United States	Army.		·
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth c registrant and that documentary eviden foregoing abstract.	ertificate has been found in ce has been reviewed, which	the Divisionsubstantiate	on of Vital Stees the facts as	atistics for this set forth in the
(3641)	State Registrar	Evidence reviewed by			Date Filed
*Class A Recor Class B Recor	ds are those made and dated before the ds are those made after the fourth birt	Registrant's fourth birthday. hday but are at least 5 years	s old.		

Form DPH 49067

SECUE OF STREET CARLES OF STREET A 2 147 31612 CLADI THE Local Ass. Haral CA LIVE W eral & utter. **对文章** Sento to most to viting LEFT COM OF FILLER title a today to the willie . Eiror tomia buston THE PART HALLS MADE OF MOTHER 9. State or Country of Marker's Brief. 为了分数。1982年的社会基础的工作的系统 (SOL 69 Treats decise upon dath that the life affective of registre ! the trainer heartest former at PARTY STELEGISTE AT S ING SC ... . in the speciment we to free MANY 15881- School par and Entra to better as an Table -Emilia de la Partir de la Parti There of thomas. Affice rit by Brother Date of Sirth Birth 2: ca THE PART OF THE THE REAL PROPERTY AND THE PARTY. Haliber. 8 TSUBLE OF STREET well to the deal to the tended to essel Full Hade of Making COL ENLE distribution with Walter D. Stoll . Cilolino villed at 17 stell better attil De to a transport to the vi Treament to start CALLE SEL A REEL brown Louisi 3.6**2016**0 Todate to sent Full Meac of Mate P LC STL lao, Honseude discinna de la car Cheristy cortify that no prior birth certificate and been found in ine Nillian of Vital Stationics for this recent and inde documentary exidence not been reviewed what and that documentary exidence not been reviewed what and that the facts at cell for the to the strate. te i etall Breis Pesion Total

al Statistics Divi	sion of Vital St	atistics	STATE OF ID	AHO			eg. No
Divi	sion of Vital St	atistics				D	
1. Registrant'		<b>**</b> **	<del></del>	<del> </del>			st. No
	8 Full Rame at	Birth			2. Date	(month)	(day) (year
	Ivy 15.	atem	ran		Birth		24, 189
3. Color or Ra While	ce 4. Sex Lemale	5. Place	of Birth a. (	county Ida	7.	.City or Town	of Birth Ida
6. Full Name o	f Father	Rest	Balen	n n	7. State	or Country of	Eather's Birth
8. Full Maiden	Name of Mothe	1.1	· dam	nadama			
above statemen	ts are true to	hat the	10. Si gnature o	f Registrant	1	1. Present Add	ress of Registran
			wy M.	roque		Dloomin	glon, Laa
Subscribed and	sworn to befo	Le me ou	12. Signature o	f Notary		13. Notary Comm	Vasion "expires
April	5.	19 <u>54</u>	700	Vico	, 1/	Oct.	l, 19 54
Tune of Proume		APPLICAN	T DO NOT WRATE	AFLOW THIS L	HNE	Data Laguard	Date Orig. Ent
,			Family rec	ord viewed	l bv		
			Hortense F	Bateman Bur	m, affi	davit	Jan. 24, 1
Date of Birth	Birth Place		Full Name of M	othermade 1	-20-54	Name of Fath	er
Jan. 24, 1	891, Bloomi	ngton,	Idaho			Hubert B	ateman
Type of Docume	nt		By whom issued L. D. S Be	and signed ar Lake St	ake	Date issued	Date Orig. Ent
Church Red	cord		Book 10/52	Page 3,	Line 10		
Date of Bilth	Dirth Frace		Full Hame Of P	D CHe!		Name Of Factor	••
Jan. 24, 1	<u>891, Bloomi</u>	ngton,			n		Bateman
Type of Docume	nt		By whom issued	and signed		Date issued	Date Orig. Ent
Date of Birth	Birth Place		Full Name of M	other		Name of Fath	er
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				<del></del>		- · - · - · · - · · · · · · · · · · · ·	·
registrant and	that document	or birth o ary evider	certificate has nce has been rev	been found in lewed, which	the Divis substantis	tion of Vital S ites the facts	tatistics for this as set forth in t
State Registra	Г		Evidence revi	ewed by			Date Filed
W. W. Benson		Make He od an			April 9, 195		
	6. Full Name o  8. Full Maiden  1 hereby decla above statemen best of my kno Subscribed and  April  Type of Docume  Family Rec Date of Birth  Jan. 24, 1  Type of Docume  Church Rec Date of Birth  Jan. 24, 1  Type of Docume  Church Rec Date of Birth  Jan. 24, 1  Type of Docume  Church Rec Date of Birth  Jan. 24, 1  Type of Docume  State Registra	6. Full Name of Father  8. Full Maiden Name of Mothe  1 hereby declare upon oath tabove statements are true to best of my knowledge and bel  Subscribed and sworn to before April 5,  Type of Document  Family Record  Date of Birth Birth Place  Jan. 24, 1891, Bloomi  Type of Document  Church Record  Date of Birth Birth Place  Jan. 24, 1891, Bloomi  Type of Document  Date of Birth Birth Place  Jan. 24, 1891, Bloomi  Type of Document  Date of Birth Birth Place  I hereby certify that no priregistrant and that document foregoing abstract.  State Registrar	6. Full Name of Father  8. Full Maiden Name of Mother  1 hereby declare upon oath that the above statements are true to the best of my knowledge and belief.  Subscribed and sworn to before me on April 5, 1954  Type of Document  Family Record Date of Birth Birth Place  Jan. 24, 1891, Bloomington,  Type of Document  Church Record Date of Birth Birth Place  Jan. 24, 1891, Bloomington,  Type of Document  Date of Birth Birth Place  Jan. 24, 1891, Bloomington,  Type of Document  Date of Birth Birth Place  State Registrar	6. Full Name of Father  8. Full Maiden Name of Mother  1 hereby declare upon oath that the above statements are true to the best of my knowledge and belief.  Subscribed and sworn to before me on April 5, 1954  April 5, 1954  Applicant By whom issued Family record Date of Birth Birth Place Book 10752  Church Record Birth Place Full Name of M Jan. 24, 1891, Bloomington, Idaho Type of Document Book 10752  Date of Birth Birth Place Full Name of M Jan. 24, 1891, Bloomington, Idaho Mary Type of Document By whom issued By whom issue	6. Full Name of Father    State   Stat	6. Full Name of Father  B. Full Maiden Name of Mother  B. Signature of Registrant  B. Signature of Registrant  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Signature of Notary  B. Whom Issued and signed  Full Name of Mother made 1-20-54  B. Bear Lake Stake  Book 10752, Page 3, Line 10  B. Whom Issued and signed  B. B. State Registrant  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Whom Issued and signed  B. Wh	6. Full Name of Father  6. Full Name of Father  7. State or Country of  Face of Country  Face of Countr

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358-/04- Bepartment of Division of VI	Public Health APR 2-1954	CERTIFICATE OF BII	KIH S	tate File No. <u>De51, 2915</u> ocal Reg. No
Boise, Idaho	Division of Vital Statistic			eg. Dist. No
REGI STRANT	1. Registrant's Full Name at Birth		2. Date (month	
(Person whose	Herman Mever		Of Birth Mare	h 4th, 1891
Birth is being registered)		of Birth a. County		Town of Birth
	White Male Camer	on. Nez Perce	Cameren,	Idaho.
FATHER	6. Full Name of Father		7. State or Count	ry of Father's Birth
	Heinrich Meyer		Germany	
MOTHER	8. Full Maiden Name of Mother		9. State or Count	ry of Mother's Birth
	Dorothea Munstermann		Germany	
AFELDAVIT	hereby declare upon oath that the above statements are true to the	10. Signature of Registrant		nt Address of Registrant
	best of my knowledge and belief.	10100111	yer came	con, Idahe.
HOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Hotary	13. Rotar	y Commission expires
	March 25th, 19 54	Manieller	Janı	ery lith, 19 56
	APPLICAN:	By whom issued and signed	INE	
SUPPORTING RECORD 1-	Type of Document	By whom issued and signed viewed the	certificate	ssued Date Orig. Entry
MEGOND -	Affidavit by A. G. Kanikkebe Date of Birth   Birth Place	rg, Notary of bantism	Ва	ptized March 8. 189
	Date of Birth Birth Place	Full Name of Mother	Name o	f Father
Class* <u>A</u>	Mch 4, 1891 Cameron, Idaho	Dorathea Munsterman	nn Hei	nry Meyer
SUPPORTING	Type of Document	By whom issued and signed Notary, viewed chu	rch record	saued Date Orig. Entry
RECORD 2.	Affidavit by A. G. Kanikkebe	g Evangelical Eman	uel Church Mch	25, 195/4
	Date of Birth Birth Place	Full Hame of Mother	Name o	f Father
Class_B	- M-1 1 200		· ·	
SUPPORTING	Mch 4, 1891 Type of Document	By whom issued and signed	Date i	ssued Date Orig. Entry
RECORD 3.	, you or posturent	by mion rooted and bigner	02.0	
		5.31 None of Months	 	f Father
	Date of Birth Birth Place	Full Name of Mother	Meme O	i ratiidr
Class		į		
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth or registrant and that documentary evider foregoing abstract.	certificate has been found in nce has been reviewed, which f	the Division of V substantiates the	ital Statistics for this facts as set forth in the
~ (seail	State Registrar	Evidence reviewed by		Date Filed
	W. W. Benson	Make Freder	_	April 14, 195

Form DPH 49067

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Color   Colo	8/9427() Boartment.of	Public Health	CERTIFICATE OF BIRTH		le No. <del>Do54-357</del>
EGISTRANT Person whose present when the person whose present whose of father are the country of the person whose present which whose present w	ivision of Vi	tal Statistics MAY 3-1954	STATE OF IDANO		
Color of Race a. Sax S. Place of Birth County S. Color of Race a. Sax S. Place of Birth County S. Color of Race a. Sax S. Place of Birth County S. Color of Race a. Sax S. Place of Birth County S. Color of Race a. Sax S. Place of Birth County S. Color of Race a. Sax S. Place of Birth County S. Color of Race a. Sax S. Place of Birth County S. Color of Race a. Sax S. Place of Birth County S. Color of Race a. Sax S. Place of Birth County S. County Of Father's Birth County S. Father of Router S. Father S. Father State or Country of Father's Birth Say S. Father of Router S. Father State or Country of Father's Birth Say S. Father State or Country of Father's Birth State Registered Birth State Registered Lace Say State or Country of Father's Birth State Registered Lace Say State or Country of Father's Birth Say State or Country of Father's Birth State Registered Lace Say State Registered Lace Say State Registered Lace Say State Registered Lace Say State Registered Lace State Registered Lace Say State Registered Lace Say State Registered Lace Say State Registered Lace Say State Registered Lace Say State Registered Lace Say State Registered Lace Say State Registered Lace Say State Registered S		1. Registrant Division of Viral Statistic	2. Date		
irth is being control of R. Sex S. Place of Birth County State or Rec 1. Sex S. Place of Birth County State or Rec 1. Sex S. Place of Birth County State or Country of Father's Birth County of Mother's Birth County of Moth		0 0 0 11	0f	<b>A</b> .	_
ATHER 6. Pill Name of Father  GENERAL CLARK HARVING TO State or Country of Father's Birth Harving To State or Country of Father's Birth Harving To State or Country of Father's Birth Harving To State or Country of Father's Birth Harving To State or Country of Father's Birth Harving To State or Country of Hother's Birth Harving To State of Hother Harving To State or Country of Hother's Birth Harving To State of Hother Harving To State or Country of Hother's Birth Harving To State of Hother Harving To State of Hother Harving To State of Hother Honorable Discharge United States Army 1918    Country of Hother's Birth Harving To State of Hother Harving To State of Hother Honorable Discharge United States Army 1918    Country of Hother's Birth Harving To State of Hother Harving To State of Hother Honorable Discharge United States Army 1918    Country of Hother's Birth Harving To State of Hother Harving To State of Country of Hother Harving To State of Countr	irth is being				
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AFFIDAVIT  I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this state of the perior of Borth place  2. Signature of Registrant and pay knowledge and belief.  3. Subscribed and sworn to before me on 12. Signature of Rotary  Increase of Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the certificate has been reviewed, which substantiates the facts as set forth in the cettified between the cettified by th	FATHER				
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Class A Records are those made and dated before the Registrant's fourth birthday.  Class B Records are those made after the fourth birthday but are at least 5 years old.	Class A Recor	ds are those made and dated before the	Registrant's fourth bi/rthday. thday but are at least 5 years old.	7 .*	
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DELAYED CERTIFICATE OF BIRTH 349-229-038-849 Separtment of Public Health State File No. De54-409 STATE OF IDAHO Local Reg. No.\_\_\_\_ Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (day) (year) 0f (Person whose HAZEL DELLIURNER. Birth No Y. Birth is being 3. Color or Race 4. Sex 5. Place of Birth
WHITE FEMALE PAYETTE 1 realstered) a. County b.City or Town of Birth PAYETTE IDAHO. 6. Full Name of Father 7. State or Country of Father's Birth **FATHER** ROBERT MARION JÜRNER GRUENNELL-10WA A. Full Maiden Name of Mother 9. State or Country of Mother's Birth , HOTHER ROCHELLE ILLIONS MARYNIOLA HURD 11. Present Address of Registrent I hereby declare upon oath that the 10. Signature of Registrant **AFFIDAVIT** above statements are true to the ONTARIO.OREGON best of my knowledge and belief. matkeus. Subscribed and sworn to before me on 12. Signature of Notary 13. Notary Commission expires NOTARY (Sea!) , ach Votrusor 19.54 APPLICANT -- DO NOT WRITE BELOW THIS LINE By whom issued and signed SUPPORTING Type of Document Date Issued Date Orig. Entry RECORD 1-Voting record, Dade County
Full Name of Mother Florida 4-2-48 Certificate of Registration Date of Birth Birth Place Name of Father Class\* B 56 yrs old Type of Document By whom issued and signed SUPPORTING Date issued Date Orig. Entry RECORD 2-Affidavit by Aunt Lena Ramey May 18, 1954 Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_\_B Nov. 29, 1891, Payette, Idaho Type of Document By whom issued and signed SUPPORTING Date issued Date Orig. Entry RECORD 3-Mrs. Sadie Duell May 18, 1954 Affidavit by Aunt Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_\_\_B Nov. 29, 1891, Payette, Idaho **OUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Evidence reviewed by Date Filed State Registrar W. W. Benson May 21, 1954 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. 1-1-25 Form DPH 49067

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DELAYED CERTIFICATE OF BIRTH 8/6-d2/-029-45/ Bepartment of Public Health NOV STATISTE IDAHO Division of Vital Statistics Boise, Idaho 1. Registrant's Full Name at Birth REGISTRANT HATTIE HAWORTH (Person whose Birth is being 3. Color or Race registered) 5. Place of Birth a. County

2. Date Of Birth

Reg. Dist. No.\_\_\_\_ (day) 1891 21

1101 Tacoma Ave. Sunný-

State File No. De54-411

Local Reg. No.

(month) June b.City or Town of Birth Moscow 7. State or Country of Father's Birth

ILLINOIS 9. State or Country of Mother's Birth

Latah TEXAS 11. Present Address of Registrent Side, Wn

female white

6. Full Name of Father FATHER HENRY HAWORTH 8. Full Maiden Name of Mother MOTHER EDNA EARL DE JARNETT I hereby declare upon oath that the AFFIDAVLT.

Type of Document

of America

42 yrs

Type of Document

foregoing abstract.

W. W. Benson

State Registrar

Affidavit by Mother

June 21, 1891 Moscow, Idaho Type of Document Application for

membership in Royal Neighbors

Jun. 21, 1891 Moscow. Idaho

Child's birth certificate

Moscow, Idaho

\*Class A Records are those made and dated before the Registrant's foursh birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

Date of Birth Birth Place

Date of Birth Birth Place

Date of Birth Birth Place

NOTARY (Seal)

SUPPORTING

RECORD 1-

Class\*

Class\_\_

SUPPORTING RECORD 2.

SUPPORTING RECORD 3-

Class\_\_\_\_R

QUALIFYING IN FORMATION

REGISTRAR'S

**CERTIFICATION** 

(seal)

Form DPH 49067

above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

19<u>5</u>3

APPLICANT

October 21

10. Signature of Registrant

Edna Haworth

By whom issued and signed

By whom issued and signed

State of Washington #40

Full Name of Mother

Full Name of Mother

Full Name of Mother

Evidence reviewed by

Hattie Haw th Barlow 12. Signature of Notary

- DO NOT WRITE BELOW THIS LINE By whom issued and signed

13. Notary Commission expires

aus. 10 Date issued

Date Orig. Entry

Oct. 23, 1953 Name of Father Date issued Royal Neighbors of America Name of Father

Date Orig. Entry April 29, 1925

Date issued

Date Orig. Entry

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Date Filed May 21, 1954

1-24-34 Name of Father

PTRIE 30 AFA HATERIA GAYA 130 LUMBER OF THE PARTY OF THE PART AL SUMPLY IN · Oliver ulique freetamen 1 10 to 1 . . . traditions listly to designed Sec. Sirt. Si ייינים ולשונים YOTH IS HELD THE STREET A 2. in: i di mont 76 90.5 SEASON WIGHT divis. union al maria Counts 5. Place of Birth theretziek . Little at hown of a rate WATER TO asts1 tests to see the second server Art is a restart to various To etal? . Charles Name of March of Marches P. Grave or Douglay of Hother's Mitth the design upon cath that the LABORA SECRETARION OF BEGINNELLE the Stansters of Recipitations TO DEST AND Sugar odge and tel jot. let acome ave. Sunne A COLUMN TO A COLUMN TO THE CO ne on elected or mans bee sent the out The 14. Hoter, (use esten statut \$1. 12. Signatura of Between Dele Orle. Betiev Afficant by Mother niprest subi Rent 23 .tc0 Full Bage of M . ... Date of Bloth Birth Place eroche ten I min in attendan Case Strift will be and ole . The Carry Liver Date firia. Estre to see besati eteŭ bancle bas passed some uf الم-تلا- تا o thoidhb. Is readly Control of the control of Dete of Birth Birth F ce Hone of Fettoer TSA OR TO SHIPE THE OUGS! TWOCKS ! SEEK I service the trains arise direct continues was sens found in the high of the district on the tions and the occupanter or desce has said, which extends the facts as see with in the - 10am up in stall Evidence reciseously 19 val chart & and are there rune are dated before the Ref. Times of the Minter of and a second of second of the

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Division of Vi Boise, Idaho	Ital Statistics	JUN 3 - 1954	STATE OF IDAHO			g. No
REGISTRANT	1. Registrant	Division view Bladbie		2. Date	Reg. Dis	t. No.
(Person whose			7-1			(day) (year)
Birth is being register <b>e</b> d)	3. Color or Re	ace 4. Sex 5. Place	of Birth a. County 2	<del></del>	april	1911
r ug i s ce i eu j	with	male coppe		Id	b.City or Town o aho	t Birth
FATHER	6. Full Name of	of Father		7. State	or Country of F	ather's Birth
MOTHER	8. Full Maiden	Mane of Mother Par	~L	9. State	or Country of M	other's Birth
AFFIDAVIT	above statemen	are upon oath that the its are true to the iwledge and belief.	10. Signature of Registrant		11. Present Addr	ess of Registrent
NOTARY (Seal)		sworn to before me on	12. Signature of Notary		13. Notary Commi	
	June	/195 <sup>-</sup> 4	Grace Britle	ie	augus	13 1957
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Class* B	_	891, Oxford, Idaho				
SUPPORTING	Type of Docume		By whom issued and signed	··	Daniel Ha	Date Orig. Entry
RECORD 2-	Church R	ecord	L. D. S. Church		Elder	
	Date of Birth		Full Name of Mother		Name of Fathe	Dec. 27, 191
ClassB_	- Ann 25 1:	891, Oxford, Idaho	Tata Dana		Daniel H	latch
SUPPORTING RECORD 3-	Type of Docume	mt Oxiord, Idano	By whom issued and signed		Date issued	Date Orig. Entry
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Class	-					
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			Registrant's fourth birthday, thday but are at least 5 years			3
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DELAYED CERTIFICATE OF BIRTH State File No. De54-475 165-222-036-693 Separtment of Public Health STATE OF IDAHO Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth 2. Date (month) **REGISTRANT** (dav) (year) Of 1891 (Person whose Birth Birth is being 3. Color or Race 4. Sex 5. Phace of Birth registered) a County b.City or Jown of Birth Samaria dales Orado 6. Full Name of Father FATHER entameno 8. Full Maiden Name of Mother, MOTHER 11. Present Address of Registrant Thereby declare upon oath that the 10. Signature of Registrant **AFFIDAVIT** above statements are true to the 31.57 Odden Wale best of my knowledge and belief. 12. Signature of Netary 13. Notary Commission expres Subscribed and sworn to before me on NOTARY (Seal) 1954 APPLICANT -- DO NOT WRITE BELOW THIS LINE By whom issued and signed Date Orlg. Entry Type of Document Date saved SUPPORTING RECORD 1. Apr. 1, 1900 L. D. S. Church entered Church Record Name of Father Date of Birth Birth Place Full Name of Mother Class\*\_\_\_\_\_ Sept. 22, 1891, Samaria, Idaho Caroline Williams Benjamin Jones Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING Bureau of Vital Statistics RECORD 2. Oct. 2. 1914 Boise, Idaho #27439 Child's birth certificate Date of Birth Birth Place Name of Father Class\_\_\_R 23 yrs old Samaria, Idaho Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 3-Affidavit by Uncle Daniel M. Williams May 11. 1954 Date of Birth Birth Place Full Name of Mother Name of Father Class R Sept. 22. 1891 . Samaria. Idano **QUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Evidence reviewed by Date Filed State Registrar W. W. Benson June 8, 1954 \*Class A Records are those made and dated before the Registrank's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. Form DPH 49067

WINTE NO BENEFIT TO CEYALE Commercial establishment if the tight in the development CAMELL IN THEIR Lock Bag. No. in ecololifett is ikilo dalaluit anabi esien tree. if the More Allia is to the first of the state and the - HE POST THATELET seady not so J. 164 T. eniës za dine No. of the Control of Marie 1c population therefalls and action ment to by 10.4 ( . 13 7003.5 the state of the s ISM THE deals friends to entropy to onest enest to stade .o 2316.0 The second Adjust 11 ent toll time many elicities yeared Id. Alenatura of Salierrant TRUCKS add at early are strangials posts bust as knowledge and belief. Side atome of Autury to an ere'rd to make the belitable that Millian is. Herein Chiaigus, Batte THE PART OF THE PARTY OF THE LIFE Freezoot to ait? SILL SERVI edial mediants (L. 1900 derails of its Church Macord Date of Birth Birth Pince to the Full yard atthiction Heat to Jones Carolifficant crack orabi streets . Ital is store BEAUTY THE BEAUTY wream of final Stations LOC. A. 19L Calld's birth cardidacts tale of which to the Place return to easily 23 yers Car Manaria, Idaho Late temps | Rate 689g, Estry training to entr homela bee harded some to emat!LtW . J fairs Attication of the action fell water or Kother Bate of Birth & Fin risks Slass P Sept. 22, LONE, Sameria, Ideas BALL PHRG ENTRACE Secure sectify that an poter birth mertificate hea team appeal in the division of Need Statistics for this Concepts region and that community evidence has seen existed which existent ates the feets as set forth is the Jastitalle ja Dain's belif stell of tempines something TATE OF THE PARTY June 21, 1991 tions A from a new there water and dated terres to be first entre that the first day.

Crants a meeter of these made after the fractor districts was fire at least 5 years olds. THE PER BAC STATE

DELAYED CERTIFICATE OF BIRTH State File No. De54-508 213-219-040-238 STATE OF IDAHO Division of Vital Statistics Bolse, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (day) (year) Of (Person whose anes Baldins Birth Birth is being 5. Place of Birth a. County registered) b.Chay, or Town of Birth FATHER MOTHER 9. State or Country of Mother's Agnes Schnider

I hereby declare upon oath that the 10. Signature of 10. Signature of Registrapt 11. Present Address of Registrent **AFFIDAVIT** above statements are true to the Mary agnes Smither best of my knowledge and belief. 12. Signature of Notary Subscribed and sworn to before me on NOTARY (Seal) APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed Type of Document Date ssued Date Orig. Entry SUPPORTING RECORD 1. June 21, 1913 Insurance Policy New World Life Insurance Co. Date of Birth Birth Place Full Name of Mother Name of Father Nov. 19, 1891, Wallace, Idaho Class\* Type of Document By whom issued and signed Mother's Prayer Book in Date issued Statement Date Orig. Entry SUPPORTING RECORD 2. Family Record possession of Anna Kretschmer Apr. 24, 1954 Date of Birth Birth Place Full Name of Mother Name of Father Class\_ Nov. 19, 1891, Wallace, Idaho Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 3-Certificate of Baptism St. Alphonsus Church, Wallace Baptized | Nov. 24, 1891 Full Name of Mother Date of Birth Birth Place Idah Name of Father Class\_\_\_ Nov. 19, 1891, Granite Creek. Agnes Schneider Christian Baldus **OUALIFYING** Idaho IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Evidence reviewed by Date Filed State Registrar June 18, 1954 W. W. Benson \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. Form DPH 49067

DELAYED GERTLEICHTE OF BIRTH STATE OF STATE OF STATE OF FRAHO LOCK! Re-, Sc. gelf of the dame alvin Solse, tonoc .08 .2 C .242 Carrier Car. title of the ity of femile 's stall Series declaration onto the line 10. Repaired a Replantage of Replantage of Replantage of Replantage of Replantage of the 12 the THE STATE OF THE SERVICE THE PHONE CONTRACTOR CO. tasmetel to sell. New World Inte Insurance Co. June 21, 1945 Imaurance volicy Tester of Father fate of sirth a rth & see TOTAL MAN TO SMITH TOTAL Mer. In. The Marine OC ED though to be the second the original THE PARTY OF THE SAY! touse of a Latenant Family Facord Las .dos tores STATE LANGE TO RESIDENCE est of its all division when now, if the first walkers, loade de : indied Date Orfg, Sate Imagality of early tenore Esa phote: some Dailacette COT M St. Alphanus Course, Wallace Saction of the old 1891 Centilities of Papilian Date of dirth Brth Fince or 'of To enal !! Moy. 19, 1491, Granite from Amos Schreider dristien delde ANT THE STATE OF 0.00 count of thereth weight that or price high control of the control of the control of the state of the control of Le File Arte legi area Evidence Certained by June 13, 1954 was proved bered in som erent of classes a cea clare a ger ett e those nece "the cane the มีนิสตราวที่ <del>สา</del>ย (กรก็-นากการ

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FATHER	6. Full Name of	f Father	urman Id. Goodin	8 7. State	or Country of F	ather's Birth Mebrasica other's Birth
OTHER	8. Full Maiden	Name of Mother	to blice		or Country of M	other's Birth
AFFIDAYLT	i hereby decid	re upon oath that the	10. Signature of Registran			ess of Registrent
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SUPPORTING	Type of Documen	APPL/C	ANT DO NOT WRITE BELOW THIS By whom issued and signed	LINE	Date Issued	Date Orig. Fatry
RECORD 1.	1.00	rd of birth	by whom toosed and orginal		Bible print in 1888	Mar. 22, 189
Class* A	Date of Birth		Full Name of Mother		Name of Fathe	r
MISSOSTINA	Mar. 22, 18	91 Hagerman, Ida	ho By whom issued and signed		Date issued	Date Orig. Entry
SUPPORTING RECORD 2-						1
		y Older Sister	Mrs. Mabel Boyer,		July 29,	
19	Date of Birth	Birth Place	Full Name of Mother		Name of Fathe	r
class B	Mar. 22, 1	891 Hagerman, Id	aho Mary Ellen Conkli	n	Theodore	H. Thurman
SUPPORTING RECORD 3.	Type of Documen	nt	By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Fathe	
Class						
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION	i hereby certification registrant and foregoing absti	that documentary evid	h certificate has been found dence has been reviewed, which	in the Divis	sion of Vital St ates the facts a	atistics for this s set forth in the
(seal)	State Registra	<del></del>	Evidence reviewed by			Date Filed
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89-2	Public Health 38 B DELAYED	CERTIFICATE OF BIRTH	State File No. De54 86
Division of Vi	Ital Statistics	STATE OF IDAHO	Local Reg. No
Boise, Idaho	14 0-1-4		Reg. Dist. No
REGISTRANT	1. Registrant's Full Name at Birth	2. Date of	(1001)
(Person whose Birth is being	Marian While	The Birt	
registered)	3. Color or Race 4. Sex 5. Place	y Loks Coseia Co. Oa	Kily of Jown of Birth Corsia C
FATHER	6. Full state of Father Seorge Page		e or Country of Father's Birth
MOTHER	8. Full Maiden time of Mother Lyon	, , , , , , , , , , , , , , , , , , ,	e or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the	10. Signature of Registrant	11. Present Address of Registrant
	above statements are true to the best of my knowledge and belief.	marian Schuelo	american Falls &
HOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires
	- JIN 25 1954 19	Maxanca.	0et. 22 105
	APPLICAN'		
SUPPORTING RECORD 1-	Type of Document	By whom issued and signed	Date issued Date Orig. Entr
NECORD 2-	School Enrollment record	Cassia County Schools Bernell Wrigley, Supt.	7/ 19/ 54 Sept. 1897
10	Date of Birth Birth Place	Full Name of Mother	Name of Father
Class* B	June 2, 1891 Oakley, Idaho		
SUPPORTING	Type-of Document	By whom issued and signed	Date issued Date Orig. Entr
RECORD 2-	Church record of birth	L. D. S. Church	Oct. 27, 1954
n	Date of Birth Birth Place	Full Name of Mother	Name of Father
ClassB	June 2, 1891 Cassia County.	Marra Tana IR 4113	
SUPPORTING	Type of Document	Mary Jane Whittle By whom issued and signed	George Page Whittle Date issued Date Orig. Entr
RECORD 3.	Application for insurance	1	
	Date of Birth Birth Place	Metropolitan Life Ins. Co.	Oct. 6, 1922
ClassB		ruii Rame of Mother	Name of Father
	June 2, 1891 Oakley, Idaho		
QUALIFYING INFORMATION			
REGISTRAR'S GERTIFICATION (seal)	I hereby certify that no prior birth or registrant and that documentary evider foregoing abstract.	certificate has been found in the Div nce has been reviewed, which substant	ision of Vital Statistics for this iates the facts as set forth in the
,,	State Registrar	Evidence reviewed by	Date Filed
	W. W. Benson	Edna Hamilton	Oct. 28, 1951
Class A Recor	ds are those made and dated before the	Registrant's fourth birthday.	
	ds are those made after the fourth birt	inday but are at least 5 years old.	
Form DPH 4906	57		

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Department of	5 (020-279 Public Health	DELATED	CERTIFICATE OF BI	NID		le No. <u>De54-88</u>
Division of Vi Boise, Idaho	tal Statistics	•	STATE OF IDAHO			g. No
	1. Registrant's Full	Name of Disth		To Po40		t. No
REGISTRANT (Person whose	1 -		Chara	2. Date Of	(month)	(day) (year)
Birth is being	EKVEST	MALTR	AVIS SPRAGUE	Birth	may	5 189
registered)	3. Color or Race 4.	Sex 5. Place	of Birth a. County Thomas Elmore	Int:	City or fown o	
FATHER	6. Full Name of Fathe	r	A	7. State o	r Country of F	ather's Birth
	los	col 7.	Sprague		name	
HOTHER	8- Full Maiden Name o	f Nother	Sprague		or Country of M	
AFFI DÁVI T	I hereby declare upon		10. Signature of Registrant	1	Proposit Address	ess of Registrant
NIT I DAY! I	above statements are	true to the	20 111		i ricogii Audi	and and
	best of my knowledge		CM Sprage	200	1290-3	" Shee
NOTARY (Seal)	Subscribed and sworn		12. Signature of Notery/	113	R. Notary Commi:	ssion expires
	actaber &			1	Septemb	er 29 19 57
	Tune of Deciment	APPLI CAN	By whom issued and signed Department of Co Bureau of the Ce	INE	(Data Lagued	Inda Nata Patau
SUPPORTING RECORD 1-	Type of Document		Department of Co	mmerce	li e	Date Orig. Entry
	Census Record		Bureau of the Ce	nsus	Census	
	Date of Birth Birth	Place	Full Name of Mother		Name of Fathe	r
Class* <u>A</u>	9 yrs old Id	aho	Annie L. Spragu	e	Joseph	T. Sprague
SUPPORTING	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
RECORD 2.	Honorable Di	scharge	United States Ar	mv	Dec. 20,	1918
	Date of Birth Birth		Full Name of Mother	<del></del> -\J	Name of Fathe	
classB	27 yrs old Mo		e, Idaho			
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth Birth	Place	Full Name of Mother	· · · · · · · · · · · · · · · · · · ·	Name of Father	<u> </u>
Class						
QUALIFYING INFORMATION						
					····	
REGISTRAR'S CERTIFICATION	I hereby certify that registrant and that de foregoing abstract.	no prior birth o ocumentary evider	certificate has been found in nce has been reviewed, which	the Divisi substantiat	on of Vital States the facts a	atistics for this set forth in the
(seal)	State Registrar		Evidence reviewed by			Date Filed
	W. W. Bens	.o <b>n</b>	Mill Lect			Nov. 3, 195
			Registrant's fourth birthday			

... DELAYED CERT STATE OF HARD Local Reg. No. Reg. 91st. 40. A Language Land W. C. Carl XCE ... 5502 10 But of Birth devis a radged to vitrus? o de range a edi in the land to be the control M. General Part me strant in address of Registrant und on a til the translate avoir! 'e see best page what the last a Netary Commission exciles Sauther Sol and the territory - solution of the second Same Land mile or gr Eller Spenistral To court Deta Issad Census of 1200: Pureau of Consus Recel redist to spak Cil Rame of Mother and Sires Section Joseph T. Spragne-Annie L. Spranue 1. 0 8 19 C Sate Brig. fater sy whom i seed and and to Troussel 15 - out bemal sin SELLEGIS tinit of "States Army interests of determined Cate of Sirth or - Lines. To apply I laid 27 yrs of visitain the danc besse : stad becale on south much The of Document CHINA CO Cale Orige Entry \* MESTS Tentos To sees ! ! Ist sould siring drift to stall sate of Father SEIVA LLE MALLANGE & According [ ] bereat certify this price cirtle are lifeate has seen tour to the Division of vital statisation for this or the life that securating selected has been reviewed, which substantiates the facts as at forthein the Cartage on tores sell's elec Evidonce reviewed by a fied atrec 46v. 3. 195 Part of the State of the State of and a betat one shad woods to see brown & and lit are at least a page of the

DELAYED CERTIFICATE OF BIRTH 300 a 149-218-035-249 State File No. De54-932 STATE OF IDAHO Local Reg. No.\_\_\_\_\_ Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_\_ 1. Registrant's Full Name at Birth 2. Date (month) REGISTRANT (day) (year) 0f (Person whose 18 1891 CLARA GERTRUDE BURGER March Birth Birth is being 3. Color or Race 4. Sex 5. Place of Birth a. County b.City or Town of Birth registered) Female White Nez Perce Genesee 6. Full Name of Father 7. State or Country of Father's Birth FATHER Christopher Burger Germany 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Bertha Burkwitz Germany 10. Signature of Registrant 11. Present Address of Registrant I hereby declare upon oath that the AFFI DAVIT above statements are true to the best of my knowledge and belief. Tekoa, Washington 12. Signature of Notary 13. Notary Commission expires Subscribed and sworn to before me on NOTARY (Seal) September 16, 1954 Sept. 20, 19 57 APPLICANT DO NOT WRITE BELOW THIS LINE By whom issued and signed Type of Document Date Issued Date Orig. Entry SUPPORTING RECORD 1. Affidavit by older Sister July 10, 195h Emma A. Boyer Date of Birth Birth Place Full Name of Mother Name of Father Class\* Mar. 18, 1891 Genesee. Idaho Bertha Burkwitz Burger Christopher Burger Type of Document Date issued Date Orig. Entry By whom issued and signed SUPPORTING RECORD 2-Department of Commerce Census Record Census of 1900 Bureau of the Census Date of Birth Birth Place Full Name of Mother Name of Father Class Bertha Burger 9 yrs old Idaho Christof Burger By whom issued and signed Ladies Society, Brotherhood Date issued Type of Document Date Orig. Entry SUPPORTING RECORD 3. of Locomotive Firemen and Engineers 8-19-29
ull Name of Mother Name of Father Lodge Record Date of Birth Birth Place Full Name of Mother Class Mch 18, 1891, Genesee, Idaho **OUALIFYING** IN FORMATION

REGISTRAR'S
CERTIFICATION
(seal)

1 hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Date Filed

11-22-54

<sup>\*</sup>Class A Records are those made and dated before the Registrant's fourth birthday.

Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

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Bolse, Idaho REGISTRANT	1. Registrant's Full Hame at Bir	th.	2. Date	(month)	(day) (year)
(Person whose			Of		
Birth is being	Mamie Frances Ewing  3. Color or Race 4. Sex 5.	Place of Birth a.County	Birth		
registered)	White F	Place of Birth a. County Boundary		.city or Town o Sonners Ferr	
FATHER	6. Full Name of Father	Doublett y	7. State	or Country of F	ather's Birth
	Charles Ewing		1	ndiana	
10THER	8. Full Maiden Name of Mother		9. State	or Country of M	other's Birth
	Catherine Fry			Boundary, Id	
AFFIDAVIT	I hereby declare upon oath that above statements are true to the			1. Present Addr	ess of Registrant
	best of my knowledge and belief.	Thomas Hause	a Elina I	Box 65. Bonn	ers Ferry, Idah
NOTARY (Seal)	Subscribed and sworn to before m		four the	3. Notary Commi	
,		1118		residing at Bonners	
	August 20 19 5			section expire	May 81988
SUPPORTING	Type of Document	LICANT DO NOT WRITE BELOW THE	S LINE	Date Issued	
RECORD 1.	Affidavit by Mother	Catherine Fry Lock		Sept. 30,	
	Date of Birth  Birth Place	Full Name of Mother	Mar U	Name of Fathe	
class*B	Mar. 12, 1891 Bonners Fe			Hame Of Tatile	•
				Data James	Data Onla Sataru
SUPPORTING RECORD 2-	Type of Document	By whom issued and signed forest Service		Date issued	Date Orig. Entry
	Employment Record	Bonners Ferry, Full Name of Mother	<u>Idaho</u>	June 24	
class B	Date of Birth Birth Place	Full Name of Mother		Name of Fathe	) <b>r</b> .
ClassB	59 yrs				
SUPPORTING RECORD 3-	Type of Document	By whom issued and signe Division of	Vital Sta	Date issued	Date Orig. Entry
KECORD >-	Child's birth certi	ficate Boise, Idaho	#1067		Sept. 16,19
~	Date of Birth Birth Place	Full Name of Mother		Name of Fathe	
ClassB_	20 yrs old Idaho	İ			4.4
WALIFYING				1	
N FORMATION					
		· · · · · · · · · · · · · · · · · · ·			
REGISTRAR'S CERTIFICATION	i hereby certify that no prior b registrant and that documentary foregoing abstract.	irth certificate has been found evidence has been reviewed, whi	in the Divis ch substantia	ion of Vital St tes the facts a	atistics for this as set forth in the
(seal)	State Registrar	Evidence reviewed by			Date Filed
	W. W. Benson	Maled 14 day			Dec. 10, 195

DELLAYED CERTAINATE OF BURTH BUSE - CONTRACT - MATERIAL CONTRACT Pay of Law to Tourse THE THE THE PARTY our the lase STATE OF STA er :: h ye FE SUR WROSE Time to rottone Dei The state of or a to more as you contracts, it safet at the a sake S. Place of airth a county v**ra**far. State of Country of Williams in artes tone MARKET B. PAT MILLER SING CENOUR. State or Contro of Macher's Mich oden vering of seas about more wished to the the Present Librate of Bogiatrans THE ST WEETER OF THE LA LIVE ! shade efficiently are true to the " I freet of as inswinder and notice. For so, Leanners Perry, Ideno TO THE STATE OF TH no an experience and another the barrete and the the season of the season of THE PROPERTY OF Saci laced Bate freig, Birty ACT OF ACTION ATTEMENTS OF MOTEST THE STATE OF THE S Taple to seek oute of sith Einth Place Part Same of Mothan THE PARTY OF THE PARTY OF is es of Birth Birth Pleas into Octy Cates I MANUAL TO ACK! -- OF THE PART West Constant State of The Constant of The Con III II west fitting Date of Little Rich Piers DELTALAM ID TANKE !! A become contify that so price been earlificate had been found in the Station of Wital Stationed in this after ond that documents, evicence has been reviewed, which expends the to an act forth in the KHT KOET rampoing soutrect. TETTE POPPETE Total Pit of iec. 10, 1954 It o read ? read the ere for which the read to be and the control of the control

	tal Statistics	STATE OF BIRTH  STATE OF DAHO N 1 0 1955	Local Reg. No
Boise, Idaho	1. Registrant's Full Name at Divibion		Reg. Dist. No (month) (day) (year)
REGISTRANT (Person whose			
irth is being			h NOVEMBER 27 1891
register <b>e</b> d}	3. Color or Race 4. Sex 5. Plac WHITE MALE NOTUS	<b>\</b> 21	b.City or Town of Birth YOTUS STATION-NEAR BOISE, DA
FATHER	6. Full Name of Father	l l	e or Country of Father's Birth
	OSCEDLA S. WILLI		PARICE
10THER	8. Full Maiden Name of Mother ROSE ROSETTA BAUCH		e or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the	10. Signature of Registrant	11. Present Address of Registrant
	above statements are true to the best of my knowledge and belief.	Genelite	11538 Francis ANE WA
OTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires
	January 7 19 55	Harold Willits	march 24 1955
	APPLICA	NT DO NOT WRITE BELOW THIS LINE By whom issued and signed	
SUPPORTING RECORD 1-		Department of Commerce	e Date issued Date Orig. Entry
	Census Record	Department of Commerc Bureau of the Census	Census of 1900
D	Date of Birth Birth Place 8 yrs old	Full Name of Mother	Name of Father
Class*B	Nov. 1891 Idaho	Rose Willits	Osceola Willits
SUPPORTING	Type of Document	By whom issued and signed	Date issued Date Orig. Entry
RECORD 2.	Employment record	Post Office Departmen	t 11-17-54
_	Date of Birth Birth Place	Full Name of Mother	Name of Father
ClassB	Nov. 27, 1891		
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date issued Date Orig. Entry
KECOKD >	Affidavit by cousin	Otto K. Blackaby	Dec. 9. 1954
_	Date of Birth Birth Place	Full Name of Mother	Name of Father
Class B	Nov. 27, 1891, Notus Si	tation Idaho	
QUALIFYING	2.1 2021 110000	tation and	
N FORMATION			
REGISTRAR'S	i hereby certify that no prior birth	certificate has been found in the Div	vision of Vital Statistics for this
CERTIFICATION (seal)	registrant and that documentary evidence foregoing abstract.	ence has been reviewed, which substant	liates the facts as set forth in the
126411	State Registrar	Evidence reviewed by	Date Filed
	W. W. Benson	Mahul Headen	Jan. 11, 195
	ds are those made and dated before th	TIPMEN I MANAGE	1000.9 114 100

HIS IS TO THE LIKE OF LIKE OF MAL SECTION THE RESERVE OF THE PARTY OF THE PARTY. O'M NONEMBER : ACI VENTAL PROPERTY OF THE PART Arriva To most so said at ALL THE STATE OF T Late or County of follow's Mail in tell time of latter 74/30M Y= A-4 - 6 - 11 - 5 STATE OF CONSIST OF MARKET BITTS H21:NJ treathly to supremit & set this first new within Inches to sever tracers it off or such and such and a such a such a such as a such See Test to the court of the fact of the Secondary of the case and death and PETITE. LOGO AND SECOND redired to see the .v. same and tower some ye \*\*\* \*\*\*\* And To east MO ITANDOS steady could be the the could be the cate to the cate to be the country of the cate the cate of the ca AND TRANSPORTED AND THE PERSON OF THE PERSON

691-12	1-001-691 DELAY	ED CERTIFICATE OF BI	RTH State F	le No. <u>De55-76</u>
division of Vi	tal Statistics	STATE OF IDATE		eg. No
olse, Idaho				st. No
REGI STRANT	1. Registrent's Full Name at Birth Earl Henry France	JAN 28 1355	2. Date (month)	(day) (year)
(Person whose Birth is being	I FAYI HENRY	Division of Vital Statistics	Birth Feb.	21 1891
egistered)	3. Color or Race 4. Sex 5. Pl	lace of Birth a.County	b.City or Town o	
	White Male B	oise Idaho ADA	Bo15e 1d	laho
FATHER			7. State or Country of I	atner's Birth
OTHER	B. Full Maiden Name of Mother	rancis	9. State or Country of P	Atheria Birth
VINER				30 - 1856
AFFI DAVI T	i hereby declare upon oath that the	he 10. Signature of Registrant		ress of Registrant
W 1-1 DAVI I	above statements are true to the	GAIR	= ·	~
OTABY (Saal)	best of my knowledge and belief. Subscribed and sworn to before me	on 12. Signature of Notary	4825 8W	dependence avission expires
IOTARY (Seal)	Sabscribed and sworm to before me	on 12. Signature of Rotary	1 X	
	San. 24 195.	5 there B Kit	Dec. 16	1955
	APPL	ICANT- NO NOT WRITE BELOW THIS	LINE	
WPPORTING ECORD 1.	Type of Document	By whom issued and signed		
	Insurance Policy Date of Birth Birth Place	Kansas City Life	Insurance Feb.	<u>                                      </u>
. • D	1	Full Name of Mother Comp	oany was of fathe	er ·
class*B	Feb. 21, 1891, Idaho			
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
CORD 2.	Honorable Discharge	Army of the Unit	ted States Discha	arged 1-2-1919
_	Date of Birth Birth Place enlisted	Full Name of Mother	Name of Fathe	r
classB	27 yrs 5 mo. Boise.	Idaho		
SUPPORTING	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
RECORD 3.	Insurance Policy	Kansas City Life	e Insurance Marci	1 6. 1930
	Date of Birth Birth Place	Full Name of Mother Comp		1 7
classB	Feb. 21, 1891, Boise,	Tdaho		
WALIFYING	103. 22, 2002, 30130,			
N FORMATION		age with the second sec		
REGISTRAR'S CERTIFICATION	i hereby certify that no prior bir registrant and that documentary ex foregoing abstract.	rth certificate has been found in vidence has been reviewed, which	the Division of Vital Staubstantiates the facts a	tatistics for this as set forth in the
(seal)	State Registrar	Evidence reviewed by		Date Filed
	W. W. Benson	Make & Sed is		Jan. 28, 195
Class A Recor	ds are those made and dated before	the Registrant's fourth pirthday	1.	<del>'</del>
	ds are those made after the fourth			

DELAKE CEM 10 Feb beice, tdake eron this The second the concern Y and the second como a margina esta a the case of the contract of telle or Town at the State of Country of Father's Serth C. State of Country of Mchair a Mith May 30 - 1856 SUN Jersteiges to seemble incorned at Love statements are true to the in heavy maleston evalues . to les one cous and ye ist. no we stored of stead bed and frames Lies L. The Di Tale | saued | dete Origo, Edity Test of Street Brise Place west C'e seil as more solve to the state of the state. Amadae Medicate 18 that of Pirit Sirth Place Fell base of Hother tric touted that Orre Intry bear is bee bouts! some DEITPGTS BIC Tull of the name and the Tinguas itv Lead of Mirth River Place Tell Name of Motons Class R PRITTIAN ere of the City that on prior birth serifficat can been found in the City wind of Vital statistics for this countries and that ductoned try artence has been so lower which entities the facts of set to the one of the terms. destate on sealer tertalous - 108

partment of I	Public Health `	YED CERTIFICATE OF B STATE OF IDAHO		ate File No. <u>De55-106</u> ical Reg. No
Boise, Idaho .	tal Statistics		Re	g. Dist. No
REGI STRANT	1. Registrant's Full Name at Bir	th	2. Date (month)	(day) (year)
Person whose	Murdack Milton	Mª Nicoll	Of Birth April	17th 1891
3irth is being registered)	3. Color or Race 4. Sex 5.	M=Nico// Place of Birth a. County	b.City or	Town of Birth
	White Male	Lemhi	Saln	1610
FATHER -	6. Full Name of Father		7. State or Countr	y of Father's Birth
	8. Full Maiden Name of Mother	(0//	9. State or County	Scotland y of Mother's Birth
OTHER		nrach	y. 31216 01 0001111	Scotland.
AFFI DAVIT	Barbara Bulli hereby declare upon oath that	the 10 Signature of Registran	t 11. Preser	t Address of Registrent
APPIDAVIJ	above statements are true to the	My Valle Va	• ,	
	best of my knowledge and belief.	e on 12. Signature of Notary	12 Motors	Commission expires
HOTARY (Seal)	Subscribed and sworn to before m	1111	M .M	مر مر مراسم المرامة المساهدي . المرام
	Feb 7-1456 19_	- Male Their	May	19 2
****	APP	LICANT-DO NOT WRITE BELOW THIS	LINE	
SUPPORTING RECORD 1-	Type of Document	By whom issued and signed		Date Orig. Entry
KECOKD 2-	Newspaper Notice	Recorder Herald	i Apr.	22, 1891 f Father
	Date of Birth Birth Place	Full Name of Mother	ļ	
Class*A	Apr. 17, 1891, Salmo	on, Idaho		ert McNico11
SUPPORTING	Type of Document	By whom issued and signed	Date is	saued Date Orig. Entry
RECORD 2.	Certificate of Bap	tism Methodist Episo	copal Church I	Eaptized June28,
_	Date of Birth Birth Place	Full Name of Mother		I WENG!
Class_B	April 17, 1891, Sal	mon, Idaho Barbara	•	
SUPPORTING RECORD 3-	Type of Document	By whom issued and signed	1	based Date Orig. Entry
RECORD 3-	Doctor's Record	Nora Y. Whitwe	11, wife of Se	ept. <b>1</b> 6, 1954
	Date of Birth Birth Place	Full Name of Mother	Mane of	f Father
Class <u>A</u>	Apr. 17, 1891, Salm	on, Idaho Rarbara M	cNicoll Robe	ert McNicoll
QUALIFYING				
IN FORMATION				
REGISTRAR'S	I hereby certify that no prior b registrant and that documentary	irth certificate has been found	in the Division of V	ital Statistics for this facts as set forth in the
CERTIFICATION	foregoing abstract.	dalidaire iiga nadii idalidade, miiit		
(seal)	State Registrar	Evidence reviewed by		Date Filed
	W. W. Benson	Malus Veden		Feb. 7, 195
	ds are those made and dated befor		:	<del></del>

NTS 18 39 MARKENESS CEVALSO を かんかん からかり 一般 は <u>到过其还要</u>的解析结构 3.40g antech rilling to been taken CHART TO A SECOND The state of the state of complete arm to where THE STATE OF THE PARTY OF The state of the s ding to the live of teath CAMPS - MATE TO SOC 2 WE AT MAN TO LAND 10.1955 Carrie to mot an all the The second is seen that the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is seen to see the second is second is seen to see the second is seen to see the second is second is seen to see the second is se of the or (mater of bottom a sinth The state of the s i. Frees. Midress of Registress Collect the second popularity of the line The second second 19. hotar) theat saion ampires the second of the box box by the line Toron Yarran To brete sail? . VITAL TOTAL DE TERRE - Butter Dais of Marin Blace bear on bear school The second state Committee type of present of OPERATOR tental to seed Text to was its and division of the change The series of the cook, the cook, the cook of the cook PALE SENSO ON & CPIC. DATE de antes la seres and al mark Francis Comment anthomics. A STATE Total In Salat The second secon Oute of Birth Wirth Place JANT LEIN CHARLES THE STATE OF THE CONSENSE OF THE PARTY OF THE STATE OF THE STA Da (4: 0 140) war wat miate And the second second to be the best beginning to the broken to the state of the s

3/3-a	20-022-666 DELAYED	CERTIFICATE OF BI	RTH		ile No. <u>De55-191</u>
ivision of Vit	hal chadladlaa	STATE OF IDAHO		Local Reg. No	
lse, Idaho		RECEIVED			st. No
	1. Registrant's Full Name at Birth	FEB 23 1955	2. Date	(month)	(day) (year)
erson whose rth is being	Elsie Elizabeth Call	Division of Vital Statistics	Birth	7	20 1891
gistered)	3. Color or Race 4. Sex 5. Plac	e of Birth a. County	b.	City or Town	of Birth
	W11200	aho Fremont	Rigby	- 0	Fashania Ninsh
THER	6. Full Name of Father				Father's Birth
	Cyril Josiah Call  8. Full Maiden Name of Mother		Utah		Mother's Birth
			1		Hother a Birth
<del></del>	Mary Ellen Wood I hereby declare upon oath that the	10. Signature of Registrant	Utah	Present Add	rese of Pagistrent
FIDAVIT	above statements are true to the	20. Signature of Registrant Elsie Clinabeth Cal	10:1	221 South	2 East
	best of my knowledge and belief.	Elsie Clisabeth Cal	Ward	Brigham Ci	ty, Utah
TARY (Seal)	Subscribed and sworn to before me on	12. Signature/or Rotary	/·	. Notary Comm	ission expires
	Domary 7 1955	Janu R. Marthen		Lebruary	26 1958
		<u> </u>			
SUPPORTING RECORD 1	Type of Document	By whom issued and signed	LIRE	Date issued	Date Orig. Entry
	Comous Booms	Department of Cor Bureau of the Cer	nmerce	1900 Ce	nelle
	Census Record	Full Name of Mother	1343	Name of Fath	
Class*B	Date of Birth Birth Place July 1891	35 33 0.44			· 0 44
	8 yrs old Idaho Type of Document	Mary E. Call By whom issued and signed		Date issued	J. Call Date Orig. Entry
IPPORTING ECORD 2-	Type of Document	by whom resided and signed		Date /salet	
	Family Record	Family			July 20, 1
	Date of Birth Birth Place	Full Hame of Mother		Name of Fath	<b>⊕</b> F
assA	July 20, 1891, Rigby, I	daho Mary E. Wood			J. Call
SUPPORTING RECORD 3-	Type of Document	By whom issued and signed		Date issued	Date Orig. Entry
	Church Record	L. D. S. Church		not da	ted
	Date of Birth Birth Place	Full Name of Mother		Name of Fath	
ass_B_	July 20, 1891, Rigby, I	daho Mary E. Wood		Cvri1	J. Ca11
ALIFYING		<u> </u>		1 - 3	0, 0022
FORMATION		•			
•			-		
×					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar	Evidence revewed by			Date Filed
		MILLE			Feb. 28, 19
	W. W. Benson				THE TO THE TREE

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ivision of VII olse, Idaho	tal Statistics		STATE OF LIDARD			g. No t. No
EGI STRANT	1. Registrant's	s Full Name at B	Irth FEB 13 (355	2. Date	(month)	(day) (year)
Person whose	LEO LAWRI	ENCE ADAMS	Division of Vital Statistics	Birth	August	16th 1891
irth is being egistered;	3. Color or Rac	1 .	. Place of Birth a.County		City or Town o	
	White	Male	Teton		n, now calle	
ATHER	6. Full Name of	orge A.Adams			s, Gr Biritai	
OTHER		Name of Mother		9. State	or Country of H	other's Birth
JINER	_	Suria Bair		Utah		
FFIDAVIT	above statement	re upon oath thats are true to t	he -/	'		ess of Registrant
		wiedge and belie		·	3. Notary Commi	
OTARY (Seal)	Sepections and	sworn to before	ne on 12. Signature of Rotal	×/  *	J. HOTEL J COMM!	orion autilia
	_January 25	8th]955	Residing TEKE	4	Jan 28th	19 56
			PPLICANT DO NOT WRITE BELOW THE By whom issued and signe	\$ LINE	Inda Indust	Dodo Ania Enda
UPPORTING ECORD 1-	Type of Documen		<b>i</b>	PG .	Date issued	
	Bible Rec	ord	Family Bible		Aug. 16.	1931
A	Date of Birth		Pail Name of Potner			
class*A	Aug. 16,	1891			Geo. A.	
UPPORTING	Type of Documen		By whom issued and signe	ed	Date issued	Date Orig. Entry
RECORD 2.	Affidav	it	E. H. Hopkins		Feb. 28,	
	Date of Birth	Birth Place	Full Name of Mother		Name of Fathe	F
lass_B	Aug. 16,	1891, Hayd	en, Idaho Almira Ada	ms		A. Adams
UPPORTING ECORD 3-	Type of Docume	nt	By whom issued and signe	od	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Fathe	
:lass						
UALIFYING NFORMATION						
-						
REGISTRAR'S	hereby certi	fy that no prior	birth certificate has been found	in the Divis	ion of Vital St	atistics for this
ERTIFICATION (seal)	registrant and foregoing abst	that documental	y evidence has been reviewed, whi	ch substantia	tes the facts a	is set forth in the
/ sea. V	State Registra	r	Evidence reviewed by			Date Filed
er.	W. W.	D	MILWY			Mch 9, 195

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S\$34	21-015-75 Public Health	3 DELA	YED CERTIF	CATE OF BIF	RTH	State F	ile No. De55-259	
Bepartment of P	Public Health		STATE OF	IDAHO		Local R	eg. No	
Division of Vit Bolse, Idaho.,	tal Statistics					Reg. Di	st. No	
	1. Registrant's Fo	ull Name at Bir	th		2. Date	(month)	(day) (year)	
(Person whose	Winnerson D	oovoo Nol	3.64		Of Birth	Wansh 21	1001	
Birth is being registered)	3. Color or Race	eeves Nels	Place of Birth	a. County		March 21	of Birth	
egistered,	White	male	Idaho	Caribou	E .	oda Sprin		
FATHER	6. Full Name of F				7. State	or Country of	Father's Birth	
	Edmond Ne	1son			Spr	ingfield.	Illinois	
OTHER	8. Full Maiden Nam	me of Mother			9. State	or Country of I	Mother's Birth	
, ,	- Ann Peter	s <b>en</b>			Pen			
AFFIDAVIT	i hereby declare a		the 10. Signatu	ire of Registrant	[-	_	ress of Registrant	
-	best of my knowled		Mun	un the	res 1	202 1842	120mm, 2da ission expires	
IOTARY (Seal)	Subscribed and sw		1	re of Hotary	eson 1	3. Motary Comm	ission expirés	
`_	March 9	19 2	B Maly	Kedn	-	May 7	1957	
<del></del>		APP	LICANT- DO NOT	WRITE BELOW THIS L	INE			
SUPPORTING RECORD 1.	Type of Document		_	_		Date issued	Date Orig. Entry	
			tism L. D.			Baptize	d   June 3, 18	
D	Date of Birth Bi	rth Place	Full Name	or mother		Mame of Late	<b>4</b> 1	
Class*B	Mch 21, 18	91, Soda :		aho Ann Pet	ersen		Ne1son	
SUPPORTING	Type of Document		By whom is	ssued and signed	401	Date issued	Date Orig. Entry	
ECORD 2-	Child's b	irth cert	ificate Sta	ision of Vi tistics, Bo	nise. I	daho	Jan. 4, 19	
	Date of Birth Bi	rth Place	Full Name	of Mother #11	864	Name of Fath		
classB	21 yrs	Idaho		,,				
SUPPORTING	Type of Document	Idano	By whom is	ssued and signed		Date issued	Date Orig. Entry	
RECORD 3.						Wan 15 1		
	Affidavit by			Nelson Robbin of Mother	18	Name of Fath	Mar. 15, 1955	
12	Date of Birth Bi	rth Place	ruii name	OI MOTHER		. Hand of Taxin	<b>-</b> .	
Class_B	March 21, 189	1 Seda Spri	ngs, Idaho A	nn Peterson		Edmond 1	Welson	
QUALIFYING INFORMATION								
1					,			
REGISTRAR'S CERTIFICATION	registrant and the	at documentary	irth certificate evidence has been	has been found in reviewed, which	the Divis	ion of Vital S ites the facts	tatistics for this as set forth in the	
(seal)	foregoing abstrac	T.	Ful des	ray bad by			Date Filed	
	State Registrar		TAI deuce	reviewed by			3-21-55	
	W. W. Be	enson	Make	Vildu			3-21-33	
		and dated befor						

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Farmer St. Charles Commen

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DELAYED CERTIFICATE OF BIRTH State File No. De55-264 STATE OF IDAHO Local Reg. No.\_\_\_\_ Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth **REGISTRANT** 2. Date (month) (day) (vear) 0f (Person whose Joseph Marvin Sparks Birth 1891 September 11 Birth is being 3. Color or Race 4. Sex 5. Place of Birth registered) a. County b. City or Town of Birth Bear Lake County White Dingle. Idaho 6. Full Name of Father 7. State or Country of Father's Birth FATHER John H. Sparks 8. Full Maiden Name of Mother Paris, Bear Lake County, Idaho 9. State or Country of Mother's Birth MOTHER Henrietta Davton Cedarfort, Utah I hereby declare upon oath that the 11. Present Address of Registrant 512 Washington Street AFFI DAVI T 10. Signature of Registrant above statements are true to the best of my knowledge and belief. Montpelier, Idaho
13. Notary Commission expires Subscribed and sworn to before me on **NOTARY** (Seal) Mar bh 2. 1954 June 1, 19 55 APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed Type of Document Date Issued Date Orig. Entry SUPPORTING RECORD 1-Dec. 3, 1891 L. D. S. Church entered Church Record Date of Birth |Birth Place Name of Father Full Name of Mother Sept. 11, 1891, Dingle, Idaho Henerett Dayton John H. Sparks Class\* A Type of Document By whom issued and signed SUPPORTING Date issued Date Orig. Entry RECORD 2-Baptized July 1, 1900 L. D. S. Church Church record of Date of Birth Birth Place Baptism Full Name of Mother Name of Father Class\_\_\_\_ Sept. 11, 1891, Dingle, Idaho Heneretta Dayton John H. Sparks By whom issued and signed Date Orig. Entry Type of Document Date issued SUPPORTING RECORD 3-Sept. 11,1891 Midwife Record kept by Date of Birth Birth Place Full Name of Mother Name of Father Class\_\_\_A Mrs. Nettie Sparks Sept. 11. 1891 **QUALIFYING** IN FORMATION REGISTRAR'S I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) State Registrar Evidence reviewed by Date Filed

Form DPH 49067

3 - 21 - 55

Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

W. W. Benson

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Division of Vi		MAY 5 1955	STATE OF IDAHO			. No
Boise, Idaho		Division of Vital Statis	stics	<del></del>	Reg. Dis	
REGI STRANT	1. Registrent'	s Full Name at Birth		2. Date	(month)	(day) (year) 1891
(Person whose . Birth is being		Y LEROY WE	-445	Birth	any	187.
registered)	3. Color or Re	ce 4. Sex 5. Place	of Birth a. County	b.	City or Town o	
	while	male Sal	where Idaho	ļ	Salu	
FATHER	6. Full Name o	a. // /\/\	•	7.	100	there Birth
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	april	22 1955	Du maria	d.   _!	my Commission	Expires Apub 5,-195
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IEOUND	Bible Re	cord	Family Bible Edi:	th Kerns	Aug. 28,	1891
	Date of Birth	Birth Place	Full Hame of Mother NOT	ary	Name of Father	
Class*B_	Aug. 28.	1891, Salubina	. Idaho			
SUPPORTING	Type of Docume		By whom issued and signed	• • • • •	Date issued	Date Orig. Entry
RECORD 2.	Affidavi	t by sister	Delilah M. Wells	Henley	Apr. 11.	1955
	Date of Birth		Full Name of Mother		Name of Father	
classB_	Aug. 28.	1891, Salubia,	Idaho			
SUPPORTING RECORD 3-	Type of Docume		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Hame of Father	<u> </u>
Class	Date of Birth	pirth Flace	tatt tame of theme.			
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REGISTRAR'S CERTIFICATION (seal)	I hereby certi registrant and foregoing abst	l that documentary evide	certificate has been found in ence has been reviewed, which	n the Division substantiate	on of Vital Str es the facts a	atistics for this s set forth in the
126011	State Registra	<b>N</b> F	Evidence reyiswed by			Date Filed
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Class A Recor	ds are those ma	de and dated before the	e Registrant's fourth birthda rthday but are at least 5 yea	y.		
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oise, Idaho.,	tal Statistics								Dist.		
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Person whose	WITITIAM	WARN KORTS				01 Bir		June	4	20	1891
lirth is being eqistered)	3. Color or Ra		5. Place	of Birth a. County	- †-			City or To			<u> </u>
- <b>,</b>	W	M	A	da				Boise			
ATHER	6. Full Name o	f Father			7	. Sta	te o	r Country	of Fat	her's	Birth
		Alfred Kor						ington I			
OTHER	8. Full Maiden	Name of Mothe	Г		9	. Ste	ite o	r Country	of Mot	her's	Birth
	Fanny Jo					S		Lake Ci			
AFFIDAVIT	I hereby decla above statement best of my know	ts are true to	the	10. Signature of Registra W. W. Korks	nt		11	110 C 2	lan an		Registrant
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lassB_	June 1891	Idaho		Fannie C. Korts				Wi⊥⊥i	am A	. Kor	ts
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RECORD 3-	Manni a c	e License		State of Californi	_			Mar. 31, 1919			
	Date of Birth			State of Californi Full Name of Mother	<u>a</u>			Name of F		<u> </u>	
class B	27 yrs. old										
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REGISTRAR'S CERTIFICATION	I hereby certi registrant and foregoing abst	that document	or birth ary evide	certificate has been found ince has been reviewed, whi	in t	he Di Ib <b>ata</b> n	vi si ti at	on of Vite es the fac	al Stat	istics set fo	for this orth in th
(seal)	State Registra			Evidence reviewed by					1	ate Fi	1 ed
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DELAYED CERTIFICATE OF BIRTH State File No. De55 606 2 13-214-014-264 Bepartment of Public Health STATE OF IDAHO Local Reg. No.\_\_\_\_\_ Division of Vital Statistics Reg. Dist. No.\_\_\_\_ Boise, Idaho . 1. Registrant's Full Name at Birth 2. Date (month) (day) (year) **REGISTRANT** 0f {Person whose 1891 Birth January 14 Birth is being 3. Color or Race 4. Sex 5. Place of Bi b.CI or Town of Birth registered) 7. State or Country of Father's Birth **FATHER** misseurs 9. State or Country of Mother's Birth MOTHER Oregon martha gan 11. Presen ()Address of Registrant I hereby declare upon onth that the 10. Signature of Registrant **AFFIDAVIT** above statements are true to the best of my knowledge and belief. 12. Signature of Notary Subscribed and sworn to before me on NOTARY (Seal) march 25 1957 une 23 1955 APPLICANT DO NOT WRITE BELOW THIS LINE By whom issued and signed Date issued Date Orig. Entry Type of Document SUPPORTING RECORD 1-Jan. 14, 1891 Family Bible Record Mother Name of Father Date of Birth Birth Place Full Name of Mother Class\* Jan. 14, 1891 Marth Jane South James Henry Sutton Date Orig. Entry Date issued By whom issued and signed Type of Document SUPPORTING RECORD 2-June 23, 1955 Affidavit by Sister Olive Gladhart Name of Father Full Name of Mother Date of Birth Birth Place Jan. 14, 1891 Salubria, Idal Class\_ Martha Jane South James Henry Sutton Date Orig. Entry Date issued By whom issued and signed Type of Document SUPPORTING RECORD 3. Name of Father Full Name of Mother Date of Birth Birth Place Class\_\_\_ **QUALIFYING** IN FORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed Evidence reviewed by State Registrar 6/23/55 Joanne Hallstrom W. W. Benson

\*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

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Boise, Idaho .					Reg. Dis	t. No
REGI STRANT		Full Name at Birth		2. Date	ay 14	(124) 1891
Person whose	Louis	Abner Hoalst		Birth		
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40.001.000	8. Full Maiden		,	O State o	r Country of M	ther's Rigth
OTHER		Permelia Taylo	c	•	Carolini	
ACCIONATE.	1	re upon oath that the	10. Signature of Registrant			ess of Registrant
AFFIDAVIT	above statement	ts are true to the wiedge and belief.	f.ch. Harle		and View	-
NOTARY LSealt.	J	sworn to before me on	12. Signature of Notary		. Notary Commi	
	July	1	WBilad	an_		-291955
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SUPPORTING RECORD 1-	Type of Documer				Date issued	Date Orig. Entry
111 N E	Life Insura		Occidental Life Ins.	co.	3-12,1934	
class* B	Date of Birth	Idaho	Full Name of Mother		Name of Fathe	•
SUPPORTING	Type of Documen	nt	By whom issued and signed		Date issued	Date Orig. Entry
RECORD 2.	Child's Birth Certificate		Div. of Vital Statist	ics		4-27-1920
(	Date of Birth		Tdaho #16580 Full Name of Mother		Name of Fathe	<del></del>
ClassB	Age 28	Grouse, Idaho	Latt Mama of Mornas		Name of Facine	•
	Type of Documen	J	By whom issued and signed		Date issued	Date Orig. Entry
SUPPORTING RECORD 3.					6-25-1955	
	Affidavit b		J. W. Stoddard Full Name of Mother		Name of Father	<u> </u>
Class B	1					
Class	May 14,1891	Grouse, Idaho	Ruth Permelia Taylor		Charles Ru	fus Hoalst
QUALIFYING INFORMATION						· ·
	1					
REGISTRAR'S CERTIFICATION	l hereby certi- registrant and foregoing abst	that documentary evide	certificate has been found in once has been reviewed, which	the Divisi substantiat	on of Vital St es the facts a	atistics for this s set forth in th
(seal)	State Registra		Evidence reviewed by			Date Filed
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Bepartment of Division of Vi	Public Health '	YED CERTIFICATE OF B STATE OF IDAHO	1-12 (11)	State File No.De55-674 Local Reg. No
Boise, Idaho .		9		Reg. Dist. No.
REGI STRANT	1. Registrant's Full Name at Bir	*		nth) (day) (year)
(Person whose Birth is being	OLLIE MAUDE SI	HELTON	Of Birth DE	
registered)	3. Color or Race 4. Sex 5.	Place of Birth a. County ADA	STAR	or Town of Birth
FATHER	6. Full Name of Father FRANCIS MARION	SHELTON	7. State or Cou	untry of Father's Birth
MOTHER	O Full Maides Name of Madham	Higgins	9. State or Cou	untry of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that above statements are true to the best of my knowledge and belief.	the 10. Signature of Registran	helten MT.	esent Address of Registrent RT. EMMIT, FDAHO
NOTARY (Seal)	Subscribed and sworn to before m	e on 12. Signature of Notary	13. Not	tary Commission expires
	9th July 195	5 Sprino.	20 %	July 1957
	APP	LICANT DO NOT WRITE BELOW THIS By whom issued and signed	LINE	
SUPPORTING RECORD 1.	4			b issued Date Orig. Entry
	affidavit by mother	Nettie Maude She		15-55
	Date of Birth Birth Place Star	Full Name of Mother	) i am c	of Father
Class*B	Dec. 12, 1891 - Idah	no Nettie Maude Si	nelton Fr	ancis Marion Shel
SUPPORTING	Type of Document	By whom issued and signed	Date	b issued Date Orig. Entry
ECORD 2-	analication for incur	Reserve Life Ins	surance	Oct 25, 19
	application for insur Date of Birth Birth Place	Full Name of Mother	Name	of Father
ClassB	Doc 12 1901			
SUPPORTING	Dec. 12, 1891 Type of Document	By whom issued and signed	Date	s issued Date Orig. Entry
RECORD 3.	child's birth certif	State of Idal	10	child born
	Date of Birth Birth Place	Full Name of Mother	N am o	of Father
Class_B	28 years old - Idaho			
QUALIFYING INFORMATION	years wro = mano			
_				
REGISTRAR'S CERTIFICATION	I hereby certify that no prior by registrant and that documentary of foregoing abstract.			
(sear)	State Registrar	Evidence reviewed by		Date Filed
	(1) 1. 18 0 mon	Betty Waller		July 19, 19

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DELAYED CERTIFICATE OF BIRTH 243-221-003-3/3 Separtment of Public Health State File No. De55-687
Local Reg. No. STATE OF IDARD ED Division of Vital Statistics JAN 19 355 Reg. Dist. No.\_\_\_\_ Boise, Idaho., 5. Place of Si Livision of Vital Statistics 2. Date

Of

Trout 1. Registrant's Full Name at Birth (month) (day) (year) REGISTRANT (Person whose 1891 Birth April 21 Trene Sullivan Birth is being 3. Color or Race 4. Sex b.City or Town of Birth registered) Trout Creek Bannock Trout Creek female White 7. State or Country of Father's Birth 6. Full Name of Father FATHER David D. Sullivan Indiaena 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Caroline Calkins Utah. 11. Present Address of Registrant I hereby declare upon oath that the 10. Signature of Registrant **AFFIDAVIT** above statements are true to the 1/ Grene Sullivan Westernielder best of my knowledge and belief. Grace Idaho 13. Notary Commission expires Subscribed and sworn to before me on 22. Signature of Notary HOTARY (Seal) January 28 19 57 January 14 19 55 APPLICANT DO NOT WRITE BELOW THIS LINE.
By whom issued and signed Date issued Date Orig. Entry Type of Document SUPPORTING RECORD 1-Baptized June 3, 1899 Certificate of Baptism | L. D. S. Church Name of Father Full Name of Mother Date of Birth Birth Place David D. Sullivan Class\* Apr. 21. 1891. Trout Creek. Idaho Caroline Calkins By whom issued and signed Date issued Date Orig. Entry Type of Document SUPPORTING Department of Commerce Census of RECORD 2-Census Record Bureau of the Census 1900, June 1 Date of Birth Birth Place April, 1891 Id 9 years old Name of Father Full Name of Mother Idaho David Sulfivan Class\_\_ Caroline Sullivan Date Orig. Entry By whom issued and signed Date issued Type of Document SUPPORTING application for insurance Idaho Mutual Benefit RECORD 3-4-24-36 Association Full Name of Mother Hame of Father Date of Birth Birth Place class\_B April 21. 1891 - Idaho **OUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Date Filed Evidence reviewed by State Registram Betty Waller July 25, 1955 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

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Division of Vir Boise, Idaho	tal Statistics <sup>®</sup>	MICA	STATE OF IDAHO			g. No
REGI STRANT	1. Registrent	AUG 15 1955		2. Date (mor	Reg. Dis	
(Person whose Birth is being	France	a Full hame at Birth pation of Vital Statistics A Markon	Brew	Of Birth Ju	ly	(day) (year) 22 /89/
registered)	3. Color or Ra	ce 4. Sex 5. Place	of Birth a. County leef (Home) Blaine		of Town o	
FATHER		f Father  Identy Bre	4,	7. State or Con	intro of F	ather's Birth
MOTHER	8. Full Maiden	Name of Mother	<i>.</i>	9. State of Con	intry of M	other's Birth
	Such	Jessie Corn	senter-	New Mos		t
AFFI DAVIT	above statemen	ts are true to the	10. Signature of Registrant Francis Marion Brew		sent Addres	ess of Registrent E Psychlup, 19
HOTARY (Seal)			12. Signature of Notary	NAME OF THE OWNER OWNER OF THE OWNER OWNE		saion expires
	August	102/ 1955	RexBessenl	ap 9	piel	6th 1956
SUPPORTING.	Type of Docume	APPLICANT	DO NOT WRITE BELOW THIS L	HIE	issued	Date Orig. Entry
RECORD 1-	Bible red		family Bible viewe Rex B. Dunlap, No	ed by o	-11-55	bate orig. Entry
Class*_A	Date of Birth July 22, 1891	Birth Place Hailey, Idaho	Full Name of Mother Publi of Wa	Statem shington	of Fathe	r
SUPPORTING RECORD 2-	Type of Docume	t by uncle	By whom issued and signed Smith J. Carpent	o.*	3-55	Date Orig. Entry
T	Date of Birth	Birth Place	Full Name of Mother	.eı	of Father	<del>-</del>
Class_B	July 22, 1891	Hailey, Idaho	Sarah Jessie Car	penter 7	Chomas	Henry Brew
SUPPORTING RECORD 3.	Type of Docume	nt	By whom issued and signed	Date	issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	N am e	of Father	<u> </u>
QUALIFYING INFORMATION		1	<u> </u>			
<u> </u>						
REGISTRAR'S CERTIFICATION		that documentary eviden	ertificate has been found in ce has been reviewed, which			
(seal)	State Registra	r	Evidence reviewed by			Date Filed
	10 h	Berson	Betty Waller			August 16,195
*Class A Record	ds are those ma ds are those ma	de and dated before the de after the fourth birt	Registrant's fourth birthday hday but are at least 5 year	s old.		

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419-202		CERTIFICATE OF BIRTH	State File	No. De55-772
Division of Vit	tal Statistics AUG 23 1855	STATE OF IDAHO	Local Reg.	No.
Boise, Idaho .	Division of Vital Statis	sice	Reg. Dist.	
REGI STRANT	1. Registrant's Full Name at Birth	2.	Of a	day) (year)
(Person whose Birth is being	Hazel Elizabeth Ma	rshall	Birth Nay	2 <u>/89/</u>
registered)	3. Color or Race 2. Sex 5. Place	of Birth a. County	b.city or Town of	Birth
FATHER	White F Concus	A Hene Rootenal	Cocurd H 6	her's Birth
FAIRER	John E. Marshall		Michigan-	
MOTHER	8. Full Maiden Name of Mother	9.	State or Country of Mot	her's Birth
	Eva Beck		Indiana	
AFFIDAVIT	I hereby declare upon oath that the	10. Signature of Registrant	11. Present Address	a of Registrent
	above statements are true to the best of my knowledge and belief.	Hose & Carlul	el Course	Olono Dal
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commiss	ion expires
	1 1 1 N 1 N 10 10 10 10 10 10 10 10 10 10 10 10 10	P	0 23	40 -07
	lugary 18 19 55	Anna Cose Braun	c June 22	197
MINDANTIKA	Type of Document	T- DO NOT WRITE BELOW THIS LINE By whom issued and signed County Board of Edu	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1-	Type of Booment	County Board of Edu	cation 3-14-55	census of
	school census record  Date of Birth Birth Place	Kootenai County Full Name of Mother	Name of Father	<u>July 16,</u> 1898
Class* R	7 years	Latt Mana of Mother		2000
	01d	I and a declared	John Mai	Date Orig. Entry
SUPPORTING RECORD 2-	Type of Document	By whom issued and signed DEPARTMENT OF COMM.	PCP	Census of 19
	Federal Census Record	Bureau of the Cen	Sus 8-8-55	June 1
at a D	Date of Birth Birth Place	Full Name of Mother	1	angle of 1.1
ClassB	May 1891 9 years dld Idaho	Eva Marshall	John Ma	
SUPPORTING RECORD 3-	Type of Document	By whom issued and signed family Bible viewed		Date Orig. Entry
RECORD >-	Bible Record	Anna Rose Braune	Vatary	
4	Date of Birth Birth Place	Full Name of Mother State	of Idaligne of Father	
Class	May 2, 1891			
QUALIFYING				
IN FORMATION				
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REGISTRAR'S CERTIFICATION	i hereby certify that no prior birth registrant and that documentary evide foregoing abstract.	certificate has been found in the nice has been reviewed, which sub	e Division of Vital Stat stantiates the facts as	set forth in the
- (seal)	State Registrar	Evidence reviewed by	0	ate Filed
			4	Aug. 22, 195

NUG 29 1955 AND THE REST OF THE REST and a single to the ESPONE THE RESIDENCE OF THE PROPERTY OF THE PR 

766-103-030-396 RECEIVELAYED CERTIFICATE OF BIRTH State File No. De55-790 STATE OF IDAHO Division of Vital Statistics Local Reg. No. \_\_\_\_\_ AUG 2.6 1955 Bolse, Idaho Reg. Dist. No.\_\_\_\_ 1. Registra Divisity of the paraget, Birth. REGISTRANT 2. Date (month) (day) (vear) 0f (Person whose 3 1891 Byron Howard Goodell May Birth Birth is being 3. Color or Race A. Sex 5. Place of Birth registered) b.city or Town of Birth near Salmon, Idaho a. County White male Lemhi 6. Full Name of Father FATHER 7. State or Country of Father's Rirth Ransom R. Goodell United States 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth United States Marion-Crouch hereby declare upon oath that the AFFI DAVIT 10. Signature of Registrant 11. Present Address of Registrent above statements are true to the Butte, Montana best of my knowledge and belief. Subscribed and sworn to before me on 12. Signature of Notary NOTARY (Seal) 13. Notary Commission expires 1952 DO NOT WRITE BELOW THIS LINE
By whom issued and signed APPLICANT Type of Document SUPPORTING Date | saued Date Orig. Entry older RECORD 1. Flovd Goodell 8-22-55 affidavit by brother Date of Birth Birth Place Full Name of Mother Name of Father May 3, 1891 Salmon. Idaho Class\* P Eyron H. Goode11 Marion Crouch Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 1. STATE OF MONTANA Marriage license 2-3-47 County of Jefferson Date of Birth Birth Place Full Name of Mother Name of Father May 3 1891 Class\_ B Salmon, Idaho M. Crouch R. R. Goode11 Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry RECORD 3. NEW YORK LIFE INSURANCE insurance application 6 - 7 - 28CO. #10291164
Full Name of Mother Date of Birth Birth Place Mame of Father May 3, Class\_\_ P Salmon, Idaho 189**1 OUALIFYING** IN FORMATION REGISTRAR'S I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) -State Registrar Evidence reviewed by Date Filed Betty Waller Aug. 29, 1955 \*Class A Records are those made and dated before the Registrant's fourth birthday.

Class B Records are those made after the fourth birthday but are at least 5 years old.

WELFTED SECTIONARY OF BIRTH WHILE WATER . 22/\$279.21Z the bearing of the second of 0.11 1691 \*\*\*\*\* ffore of the entitlement. Hamas when the the cold to the A COLOR OF HELL AND occidental and POLICE! TO THE DOLL THE TO State Courts of father a Santa Lichard R ... assisti is dist To story and at the story drift a radial to cassion to state of Jai se. Buckes on that the man is the same of its. "Feet a transac of Seniaterain Witte Tack . codes drafter of the same to be form no ca. the notices some selfer expired trial total date Orio. Mirry Part of Cather tates . . fette 3321 W. Late of Sirva Birth 25 and to track of Marter norted to seek listor . . Trement of Comment. Dete frig. Entry A SPECIAL CONTRACTOR . I was to susk like rest of father Series All IN MATE TO LESS ANT CAPTAIN THAT NO DIVIS DESCRIPTIONED RESIDENCE OF THE DESCRIPTION OF VILLE STATISTICS FOR THIS CAPTAIN OF THE PARTY OF THE LOS TOWN THE PARTY OF Date Films ad temper engel val Translate für george in den begit bie begit betre betre betre betre gen betreit

DELAYED CERTIFICATE OF BIRTH State File No. D455-826 STATE OF IDAHO Local Reg. No.\_\_\_\_\_ Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth 2. Date REGISTRANT (month) (day) (year) 0f (Person whose 1891 JOHN WILLIAM HORN MARCH Birth Birth is being 3. Color or Race 4. Sex registered) 5. Place of Birth a. County b.City or Town of Birth SUBBLETT MALE WHITE CASIA SUBBLETT IDAHO 6. Full Name of Father FATHER 7. State or Country of Father's Birth CRIDITON DOVENS. ENGLAND GEORGE HENRY HORN MOTHER 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MARY TIMPY DAVIDSON WASATCH, UTAH I hereby declare upon oath that the **AFFIDAVIT** 10. Signature of Registrant 11. Present Address of Registrant 980 KENTUCKY ST., GRIDLEY above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on 12. Signature of Notary 13. Notary Commission expires NOTARY (Seal) AFFERTY September 26 19 57 19 54 - August 2 APPLICANT DO NOT WRITE BELOW THIS CINE Type of Document Date issued Date Orig. Entry SUPPORTING RECORD 1-7-8-55 enlisted U. S. ARMY military record <u>Sept. 24, 1917</u> Date of Birth Birth Place Full Name of Mother Name of Father 26 years Class\*\_\_\_ B Subblett, Idaho o1d Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 2ordained L. D. S. CHURCH church record Sept. 26,1921 Name of Father Date of Birth Birth Place Full Name of Mother March 1, Sublett Idaho Cassia County Class\_\_\_\_ Mary T. Davidson George H. Horn 1891 Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 3photostatic copy viewed

family record sheet by this office Date of Birth Birth Place Name of Father Full Name of Mother March 1. Class\_B 1891 QUALIFYING IN FORMATION

Evidence reviewed by

Betty Waller

\*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

Frank St.

REGISTRAR'S

CERTIFICATION

(seal)

Form DPH 49067

foregoing abstract.

State Registrar

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the

Date Filed

Sept. 13, 1955

STADE NO. 1520 GET AND SE et and the SHAUL ID AFATT LOUISIAN TO THE STATE OF THE ST Provide to the Paris TIS IELL State or Country of Pateurs Saint ies to all mains 14 . the or Court of the test to elete. Marine and an artist of the second LASTINIAN to many a series. A Providence of Segistrent of the second second Net Com sent to Sale int. Called to a schemelt. The case of a see but the tar it. certain total and restor of THE PERSON NAMED IN COLUMN TO SERVE OF THE PERSON NAMED I Mile Certification Distriction! TOTAL TELEVISION OF THE Cath And Other Me Tueston To ans ( Int freight to bout that the the series carry "SEELED IN med at Fach ... 1965 W TO 65 d vid to olad STAR LE SOUNDE Luta Brig. firtey to make the house of the control of office long. E TESTAN Dicemic and a making grief bit to contifice a case cond a the division of the Station last the three for the case of the continue of the case of the c "Hoffi erwi. Evildence comes by and abres 

DELAYED CERTIFICATE OF BIRTH 3/429.029-613 Bepartment of Public Health State File No. De55-859 STATE OF IDAHO Local Reg. No. Division of Vital Statistics Boise. Idaho .. Req. Dist. No. 1. Registrant's Full Name at Birth 2. Date (month) **REGISTRANT** (dav) (year) ٥f (Person whose September 28 1891 Birth CARRIE AMANDA CAMP Birth is being 3. Color or Race 4. Sex 5. Place of Birth b.City or Town of Birth real stered) a. County white female Idaho Latah Moscow 6. Full Name of Father 7. State or Country of Father's Birth **FATHER** Springfield, Illinois Elva Marshall Camp 9. State or Country of Mother's Birth 8. Full Maiden Name of Mother MOTHER Jamima Anna Walker Sullivan County, Missouri 11. Present Address of Registrant I hereby declare upon oath that the Signature of Registrant **AFFIDAVIT** Carrie noble Dynan above statements are true to the 17209.E. 39th 13. Notary Commission expires Carrie (mandalampe. Signature of Hotary best of my knowledge and belief. Subscribed and sworn to before me on NOTARY (Seal) 19 03 APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed Type of Document Date Issued Date Orig. Entry SUPPORTING RECORD 1-8-27-41 affidavit by mother Anna Camp Date of Birth Birth Place Name of Father Full Name of Mother September Moscow, Idaho Jamima Anna Walker Elva Marshall Camp Class\* 28. 1891 Latah County By whom issued and signed family Bible Viewed by Date Orig. Entry near time of Date issued Type of Document SUPPORTING RECORD 2. Bible Record birth this office September 28, 1891 Full Name of Mother Name of Father Jemima A. Walker Elva M. Camp Class\_\_ Date issued Date Orig. Entry married Type of Document By whom issued and signed SUPPORTING family Bible of Frank Noble and Carrie Camp RECORD 3present Bible Record April 909 Full Name of Mother Name of Father Date of Birth Birth Place September Elva M. Jemima Ann Walker Camp Class\_\_\_\_R 28. 1891 Mage Statement Request - SOCIAL SECURITY ADMINISTRATION - issued 3-3154 for Mrs. Carrie Camp Duncan Noble; date of birth September 28 QUALIFYING. IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Date Filed Evidence reviewed by State Registrar Sept. 27, 1955 Betty Waller \*Class A Records are those made and dated before the Registrant's fourth birthday. Class 8 Records are those made after the fourth birthday but are at least 5 years old. Form DPH 49067

DELAYED CERTIFICAGE OF BURTH CHARLES TO THE N 30 11 12 19 No. 1 See 1 473 3 A TOTAL OF THE STATE OF THE STA to a country to color of the color of Land in home of the Terula THE PERSON AS and well-in the TON I THE REST OF SERVICE drift a reston to vertied to elect . Tention to a late of the first at Silliven County, Coscori that the inest to be a track to the state of the with the differ field with land with the this is that the Electronic state of the the last but appeared to the large Tree Charles and Explored Set of the Set of mark Butt. TO COME TO TIMESTA CO ----STATE OF STATE Turb of track that grad Theres are TOWN TO ESPERA TO THE S at the MATERIA TO MANY THE PERSON MATE / PROPER witter to plan femilies to the second section with a second seco THE STREET VOT AS TONING

DELAYED CERTIFICATE OF BIRTH State File No. De55-881 Separtment of Public Health STATE OF IDAHO Local Reg. No.\_\_\_\_ Division of Vital Statistics Boise, Idaho . Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth 2. Date REGISTRANT (month) (day) (year) Of (Person whose John Vernon Eutsler Birth August 21, 1891 Birth is being 3. Color or Race L. Sex 5. Place of Birth registered) a. County b. City or Town of Birth 6. Full Name of Father Latah Moscow, Idaho
7. State or Country of Father's Birth FATHER Alexander Eutsler Colorado 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Ida May Spencer California I hereby declare upon oath that the 11. Present Address of Registrant 10. Signature of Registrant AFFI DAVI T above statements are true to the At 1 Box 862 Stackton Go best of my knowledge and belief. 13. Notary Commission expires 2. Signature of Notary Subscribed and sworn to before me on NOTARY (Seal) Jee. 1900 hugust 3 1955 APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed Type of Document Date | saued Date Orig. Entry SUPPORTING child born June 25, 1923 STATE OF CALLFORNIA RECORD 1. child's birth certificate #D-120 Date of Birth Birth Place Full Name of Mother Name of Father 33 years Tdaho Class\* B 0.1dType of Document By whom issued and signed Date issued Date Orig. Entry Census of SUPPORTING DEPARTMENT OF COMMERCE RECORD 2-9-22-55 1900. June 1 census record Bureau of the Census Date of Birth Birth Place Name of Father Full Name of Mother August, 1891 Class\_\_\_B Idaho Ida. M. Eutsler Ale xander Eutsler 8 years old SUPPORTING Type of Document By whom issued and signed Date issued Date Orig. Entry 7 - 22 - 55RECORD 3-Mrs. Alice Cooper affidavit by aunt Date of Birth Birth Place Full Name of Mother Name of Father August 21. --1891 Class\_B Moscow. Idaho Ida May Spencer Alexander Eutsler QUALIFYING INFORMATION I hereby cortify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Evidence reviewed by Date Filed State Registrar October 7. Betty Waller 1955 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. Form DPH 49067

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664-209-1	003-419 R	ECEDERY	STATE OF IDAHO	F BIRTH	State Fi	le No. De55-883
Division of Vi	Public Health	SEP 2 1955	STATE OF IDAHO			g. No
Boise, Idaho			_			t. No
REGI STRANT	1. Registrant's	PAPE NEW TAX BEEN	<u>fics</u>	2. Date	(month)	(day) (year)
(Person whose Birth is being	MYRTLE	FRANCEŠ WOM	ERSLEY	Of Birth	Feb.	9 1891
registered)	3. Color or Rac		lace of Birth a.county Bannock County	b	.city or Town o	f Birth
FATHER	6. Full Name of		Daimiock Country		or Country of F	ather's Rirth
· Allien		DER WOMERSLE	v		Massachus	
MOTHER	8. Full Maiden I			9. State	or Country of M	ther's Birth
	MARY FF	RANCES MARTI	N WOMERSLEY		Massachus	
AFFI DAVI T	I hereby deciare above statement	e upon oath that the are true to the ledge and belief.	<del></del>		1. Present Addre	ess of Registrant
NOTARY (Seal)	Subscribed and	sworn to before me	on 12. Signature of Not	app) 0 1	3. Notary Commis	saion expires
	- anil	13 1959	5 Oona.	lunch	Fub.18	1957
<del></del>	<u> </u>	APPL	ICANT- DO NOT WRITE BELOV	NOTARY PUBLIC	oc. State of California	<del>'</del>
SUPPORTING RECORD 1-	Type of Documen	ŧ	By whom: district BEIO	T DODNE A	Date issued	Date Orig. Entry
WECOND TO	marriage	1icense	City & Count	v of San		August 1,
	Date of Birth	Birth Place	City & Count Full Name of Mother	Francisco	Name of Father	
Class* B	26 years					
RECORD 2.	Type of Documen		By whom issued and a DEER LODGE C	OUNTY, MONT	Date issued ANA 2-7-5	Date Orig. Entry 5 year of
	School rec	·	Office of Co Full Name of Mother	<ul> <li>Supérinte</li> </ul>	ndent Name of Father	1897
Class D	6 years	Billi Flace			i .	
Class_B	Old Type of Documen		Mary Wome	•	Alec Wom	
SUPPORTING RECORD 3.	Type of Documen	t	By whom issued and	•	Date issued	Date Orig. Entry
RECORD >	affidavit	by older si	ster Mary E. P	Pierce	9-30-55	
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
Class_B_	February 9, 1891	Pocatello, Bannock Cou	Idano ntv. Marv Franci	s Womersley	Alevander	Womersley
QUALIFYING	J 1034	250 IIII OOL OOG	mey hary franci	.S WOMETSIEN	Michandel	WomerSiey
IN FORMATION						
REGISTRAR'S CERTIFICATION (seal)	registrant and foregoing abstra	that documentary ev act.	rth certificate has been to vidence has been reviewed,	found in the Divis , which substantia	ion of Vital States the facts as	atistics for this set forth in the
* · ·	State Registrar	<i>)</i>	Evidence reviewed t	by .		Date Filed October 7.
						ucroper /
	D lake	2 more	bw Betty W	[a1 1 er		1955

Form DPH 49067

HYRIE TO STATISTICS CON SHE TAIL OF HART There at 17 to an integral toler dates Note the No. - 0 - Mr. 11. LOSI PROBLEM ADJORS **等一种企业就**一个人把**证**证证。 drive is boing 3. 7. F 2000 1. uv Charrel nat rithis to son in the meth to more to of the Respond Country I state or buntty of father's dirth asseschnestts rentral to seed market list A State or Country of Mother's Birth Sataeswiths as e. IL Present Address of Registrat terest det her neu ern toek ferent t in Figuration of Registers they statuter and trie to the best of as knowled and relief. district on ave to before as on TOTAL HOLERY COME ASSON BEEFAST Type of Dicesee \*\*\*\*\* T. 1980 ANAMET 1. sarifage livense the of Birth ibirth Cinco Promo 35 NAMES OF THE PARTY THE LOCAL COLUMN TANT · tena. restar i season Date of tivity it the Place MARY ON CELET relacement occur nate i ames | Date ir i. Life beng a ball neuroi rode 48 Sale of Birth Marth Place sema of Father added a seed full ATE Control that no prior tires constitute one round in the Division of a tot Statistics on the last of the fact of the fact of earliers in the fact of the fact o traffic state of complete some in 1 110 200 The first proper than the manual wife the service to the service. the control of the though the start was much attack by the start and the start and the start and the start of 

olse, Idaho .	dal Statistics Division of Vital Statistic	, a		<del></del>	t. No
REGISTRANT	1. Registrant's Full Name at Birth	2	2. Date	(month)	(day) (year)
Person whose irth is being	Georgia Ann Dunham		Birth	Sept	20 1891
egistered)	3. Color or Race 4. Sex female Ids	of Birth a. County Latah	b	.city or Town o	f Birth
ATHER	6. Full Name of Father  Joseph Rollin Dunham		l	or Country of Fo O <b>hio</b>	ather's Birth
OTHER	8. Full Maiden Name of Mother			or Country of M	other's Birth
	Adellah Gammon			Mintousia.	
AFFLDAVIT	I hereby declare upon oath that the above statements are true to the	10. Signature of Registrant	,	1. Present Addre	ess of Registrant
•	best of my knowledge and belief.	Georgia ann Gr	cher		Washington
IOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	1 1	3. Notary Commi	ssion expires
	October 10, 1955 19	+0113/1a	Il.	Sept. 17	19 58
7	APPLI CAN	T DO WOT WRITE BELOW THIS L	INE		
SUPPORTING RECORD 1.	Type of Document letter re	By whom issued and signed Adellah Dunham		Date Issued	Date Orig. Entry
	family record Date of Birth   Birth Place	Full Name of Mother		Name of Fathe	
class*B	September 20. 1891	Martha Adellah	Dunham	Joseph Ro	ollin Dunham
SUPPORTING RECORD 2-	Type of Document	By whom issued and signed DEPARTMENT OF COM	ÆRCE	Date issued	Census of 1920, Jan.
	census record	Bureau of the Cer	sus	Name of Father	1920, Jan.
classB	Date of Birth Birth Place 28 years Idaho	Full Name of Mother		Name OI Patrie	
SUPPORTING RECORD 3.	Type of Document son's birth certificate	By whom issued and signed STATE OF IDAHO #59331		Date issued 5-27-55	Date Orig. Entry child born April 24.
class <u>B</u>	Date of Birth Birth Place 26 years Troy, Idaho	Full Name of Mother		Name of Fathe	1918
UALIFYING NFORMATION	• • • • • • • • • • • • • • • • • • •			•	
	133- =				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth registrant and that documentary evide foregoing abstract.	certificate has been found in nce has been reviewed, which	the Divis substantia	ion of Vital St tes the facts a	s set forth in the
/ 25dil	State Registrar	Evidence reviewed by			Date Filed
	to Benson	Betty Waller			October 17,

HTS 10 TO AND LITTED TOYS AND TO THE THE THE STATE OF LIGHT · middelli AND THE PROPERTY OF THE PERSON ALCO CENTRE 20 1991 JU-8 - 110 LECT TO ME. Georgie am: Dunhem terrataina. elsme Ti CATAI To the same of the same at a small property of the last madn. I it led does dielle a marine ac altere and aller THE HALLS AND THE PARTY. Adelleh detelon Armore II . Harrow Construction 16 The decimal and the will be the state of the state Forestoy, Washington The transmission of the way THE RESIDENCE AND ASSESSED AS SOME OF THE PARTY OF THE PA THE RESERVE THE RESERVE " Of deer 10, 1955 in Lange Control The same bones size TOTAL TOTAL TS-S-E ARRITAL ICERA THE OF PARTY THE PART OF MALE AND ADDRESS OF personal milital cuesas Martin, Adellen Praga arthe at the man tend to the ENCLY WAS DAY OF FRANK Elleng and to use the The of Pather Tested to wat this int billio THE STATE OF THE TO THE BEST OF THE BEST AND A STREET too it ditian as is to said Brut on the contract of side the entire term in the contract of the same of th net ancient ter the term resident at a section that the form of the term and the term and the term beff " stall TO DEWELL MI BLOODING 1 tedota0 The second of the second of the second of the Study the go to be a little of THE PROPERTY OF THE PARTY OF TH

349-209	L006-493	DELAYED CERTIFICATE	OF BIRTH St	ate File No. <b>De55-91</b> 8
Separtment of P Division of VIY		STATE OF IDAHO		cal Reg. No
Boise, Idaho			Re	g. Dist. No
REGI STRANT	1. Registrant's Full Name	e at Birth	2. Date (month)	(day) (year)
Person whose	Luly Cur	tia	Of Birth Jun	~ 4° 189
irth is being egistered)	3. Color of Rage 4. Sex		ham Black	Jown of Birth
FATHER	6. Full Hame of Father	urtis	7. State or Country	y of Father's Birth
OTHER	Refull Maiden Name of He	other Nillen	9. State or country	y of Hother's Birth the Minnes
AFFIDAYIT	I hereby declare upon oa above statements are tru- best of my knowledge and	e to the \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s Brown San	hees Californ
NOTARY (Seal)	Subscribed and sworn to	before me on 12. Signature of Has	ary 13. Hotary	comission expires
		APPLICANT DO NOT WRITE BELC	OW THIS LINE	sued Date Orig. Entry
SUPPORTING RECORD 1.	Type of Document family record	photostatic by this off	copy viewed	bate orig. Bitty
class* <u>B</u>	June 4,	ce Full Name of Mother Mrs. H. W.	Name of	Father J. Curtis
SUPPORTING RECORD 2.	Type of Document statement re church record	By whom issued and St. Paul's I Blackfoot.	Episcopal Church Frank A. Rhea. 10-	bapti zed 16-55 March 11
classB	Date of Birth Birth Pla		r Bisnop Name of	W. Curtis
SUPPORTING RECORD 3-	Type of Document	riend of Gregory J	signed Date is	8-55 Date Orig. Entry
	Date of Birth Birth Pla	ce Full Name of Mother	r Hame of	Father
class_B_	1 1801 1	foot, Idaho Agnes E. 1		ry W. Curtis
WALIFYING INFORMATION		bove affidavit to news Blackfoot, Idaho; date	enaner item annear	ing in The Idahe
	states that a	daughter was born to	Mr. and Mrs. Henr	'y Curtis 189
REGISTRAR'S CERTIFICATION		prior birth certificate has been mentary evidence has been reviewed		
(seal)	State Begistrar	Evidence reviewed	by	Date Filed
		Betty Wal	1er	October 20,

HT948-40 4140:34 330 03Y4 33 STELL PROPERTY OF STREET OHE OF SO WEST fec. 6121, 2-1 115 1 20 6 1 v. Artis Production of the same CONTRACT TO STATE OF THE STATE Internal to separate toward . I. a remain a southerness of ATT COURT OF STREET STREET one that the second is being as a M. We will refer to at late the sent / her of Treated in M. C. rame is the plant to the to a Hindle marin 4- 4. Hall frailes Care of Satisfact aliano ... Srs. IL V. Girklis 40. THE SERVICE STREET The state of the s 38-8 - 8 Agrical With and 100 20 Tan 1 Section 3 . Fred That Although the same of the court of the selection and the selection of th The average is a second to the later too best of best to be a first to the second of t and an anistational test of the projection and an array space and a small true of the contract of the state o 5. H .. &. of the liver spines of to toper 20 Tollie Tital

Boise, Idaho .	tal Statistics			t. No
REGI STRAIT	1. Registrant's Full Name at Birth	2. Date	(month)	(day) (year)
(Person whose	Lawrence Wadswor	of the Birth	Feb 1	2 /89/ f Birth cd 24/ ather's Birth
Birth is being registered)	3. Color or Race 4. Sex 5. Place	of Birth a. County	.City or Town of	f Birth
·	white male	/44/	or Bingh	971
FATHER	6. Full Hame of Father	7. State	or Country of Fi	Ather's Birth
	A biak Wadagero YTh 8. Full Maiden Name of Mother	0 81010	or Country of He	other's Rigth
HOTHER	g. Pell Maiden Name of Hother			
ACCI DAMI C	Sersh Cornelia Roll I hereby declare upon outh that the	10. Signature of Registrant	Y GO CL/9	7 /2 mas of Registran (2)
AFFI DAVI T	STOCKE STEELES OF STATE OF STATE	D. Signature of Registration		
	best of my knowledge and belief.	Lawrence Woodsworks	310 W / / 57	IdahoFahhs ssion expires
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	*	× .
	( ovember 8 19 55	Tuend to Municipal	May	4 19 56
	APPL1 CAN	T- DO NOT WRITE BELOW THIS LINE By whom issued and signed	Date Issued	• - •
SUPPORTING RECORD 1-	son's birth certificate	STATE OF IDAHO #202930	I - '	child born May 29, 193
class*_B	Date of Birth Birth Place 41 years	Full Hame of Mother	Name of Fathe	
SUPPORTING	old Idaho Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
RECORD 2.	church record	L. D. S. CHURCH		ordained Jan. 18, 191
	Date of Birth Birth Place	Full Name of Mother	Name of Fathe	r
classB	February Taylor, Idaho 12 1891 Bingham County	Sarah C. Robinson	Abiah Wa	dsworth
SUPPORTING	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
RECORD 3-	military record	U. S. ARMY		inducted Sep 23. 1918
	Date of Birth Birth Place	Full Name of Mother	Name of Fathe	r
Class_B	27 years		-	
OUALI FYING	old Idaho			
INFORMATION				
•				
REGISTRAR'S	I hereby certify that no prior birth	certificate has been found in the Divince has been reviewed, which substanti	sion of Vital St	atistics for this
CERTIFICATION	foregoing abstract.	mice has been levicade, aniich careta.t.		
(seal)	State Registrar	Evidence reviewed by		Date Filed
	W 1. Banson	Betty Waller		November 10 1955

O TIANTIMES CENALEC tern a trace to the trace to THE REAL derfentant tot to this test OFFICE - SELECT A STATE OF THE STA THE PARTY OF THE P diere to most to us to a AND TO THE S THE PROPERTY AND ADDRESS OF THE PARTY AND ADDR male : " star flat .e 温温等品种 the State or Engains of Miteria William APLIC OF THEM Descrip 5 to assist toward II est ted the control of the state MARINE SANGERED AT the state of the s to in the same to the THE TOTAL TOTAL Seattle of the state of the later of TUTCH TO AND HAD IN THE 1 WEEK 10 70 EEFT sort's with a street THE OF FRIEND sedim to small list ment dayle die 2 to end Charles have the lift him PAR OF TALLET 55165 TO 6885 115 STREET WASTER 林州三年新疆美国 二种 「林田」 1.4万 THE STATE OF THE S Service best of the land THE PARTY. THE CLE SEC. ME OF FAMER Added to ment feet cause I all a person more and assistance sorted noting for last all transcaped in and the state of the same of t Kaller Tell and the state of diameter -back - max ed later from except will \*#124 ----THE TO 理如此 照 下時頭 The course of the second of the constant of the second of the season and the interest are to Tare is reported to

Separtment of Public Health DELAYED CERTIFICATE OF BIRTH State File No. De55-1029 STATE OF IDAHO Local Reg. No.\_\_\_\_ Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_ 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (day) (year) Ωf (Person whose Gordon Wallace Vaughn 12 1891 Birth March Birth is being 3. Color or Race 4. Sex 5. Place of Birth registered) a. County b.City or Town of Birth Male Caribon Soda Springs White 6. Full Name of Father 7. State or Country of Father's Birth FATHER James Harvey Vaughn Kentucky 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER -Mary Ann Robbins England I hereby declare upon oath that the AFFI DAY! T 11. Present Address of Registrant 10. Signature of Registrant above statements are true to the best of my knowledge and belief. Pingree, Idaho 12. Signature of Notary 13. Notary Commission expires Subscribed and sworn to before me on NOTARY (Seal) February 8th. 1957 November 17, 1955 APPLICANT DO NOT WRITE BELOW THIS LINE Type of Document marriage license Date saued Date Orig. Entry SUPPORTING STATE OF IDAHO RECORD 1. April 15 9-29-54 affidavit COINTY OF BINGHAM 1914 Date of Birth Birth Place Full Name of Mother Name of Father 23 years class\* B 01dType of Document By whom issued and signed Mary Vaugh Smith Date issued Date Orig. Entry SUPPORTING affidavit by mesister RECORD 2. 11-19-55 Full Name of Mother Idano March 12 Soda Springs, Name of Father Class\_\_\_B James Harvey Vaughn Caribou County Mary Ann Robbins 1891 Type of Document By whom issued and signed WOODMEN OF THE WORLD Date Orig. Entry Date issued SUPPORTING RECORD 3-April 19 insurance policy #353954 Full Name of Mother 1919 Date of Birth Birth Place Name of Father Class. B 28 years o1d **QUALIFYING** INFORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed State Registrar Evidence reviewed by November 25 Betty Waller 1955 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

HIS HE HE STATES OF SHEW Charles La TLATE OUR RES. See 29 Talliana in in construit the state of the state of Teff Horse TED. 45 68 V F March Certan nallace Vauchin TO COMPANY TO THE STATE OF THE STATE (Berate ine BE IS TO DES TO THIS . I a. Cr. mis Male code fractures tend to Addition 1 First Come of Father State or Southy of failer a Sinta Kentucky THE VENT THE and the second state of the second S. State or Courty of Holisary Might Top Commonstration of the Line of the Commonstration of the Common hon Lend IL Present Aderess of Registrant LARLETS OF POSTERAL ingree. idaho בונות ניוני ביים ושים ל משום וו שבורום וב סם 19 Printy (See Selection expires THE STATE OF THE STATE OF Fedinary Sta. 457 四四日五人 THE LOLD THEY inemical to sevi bessel etal Marrithee M cense Appell 15 4-2:-54 times late CHARL OF BURBLE ACT A tented to sau! Mary Vared and signed mass sied LIBERTAL TO BEEN 11-19-33 TESTER VI LIVEDIA we of all in Birth Piges, Springs, vestical to seek ils. Rame of Fether James Harvey Fauch Mary Ann Robbins Carlbon County THE WORLD OF THE WIND Date Urig. Letey PRITE PRE Pate | saved 2 090039 AUTIL 18 indiance policy Notice to the state Here of father ALE OF STREET STREET 121397 85 1 28 A. 1 SHIT LAW designed a "the contribution of order of the first of the bland of the bland of the best since for the destination to the first and and the fact that the feet to the feet and the feet at the feet to the LUETERS DO COSTO Iluar . te fri atal State Suci strer Lyldence raylends br November 25 metty waller thing a process of those under on datas of the trail or the trail of the trail of to exact a tage. Fa and the first that the case was a tage of the case of the

745.1	Public Health	7/5- DELAYE	ED CERTIFICATE OF BI	RTH	State Fil	le No De 55-1079		
Division of <b>V</b> .it	tal Statistics		STATE OF IDAHO		Local Reg	3. No		
Boise, Idaho			-		Reg. Dist	t. No		
REGI STRANT	1. Registrant	s Full Name at Birth		2. Date	(month)	(day) (year)		
(Person whose Birth is being	Same	ul William	Jundaker	Birth		4 1891		
registered)	3. Color or Ra	ce 4. Sex 5. Pla mali Bo	ace of Birth a. County	Bon	city or town of			
FATHER	6. Full Name o	f Father Williams	im Gundaher	7. State or Country of Father's Birth United States of america				
OTHER	8. Full Maiden Mar	Name of Mother	ker	9. State or Country				
AFFIDAVIT	i hereby decia above statemen	re upon oath that the ts are true to the wledge and belief.		11	o 2 Sansh	ss of Registrant		
HOJARY (Seal)		sworn to before me o	on 12. Signature of Mary		3. Notary Commis	ssion expires		
	NOV	<u>5</u> 19 55	1 1	102	10	72 19 56		
	Tues of Pages	APPLIC	CANT DO NOT WRITE BELOW THIS   By whom issued and signed	LINE	Into Lagued	Data Acia Fatau		
ECORD 1.	affidavit	by mother	MARY GUNDAKER		B-23-39	Date Orig. Entry		
lass*_B	Date of Birth July 4 1891	Birth Place Boise, Idaho	Full Hame of Mother Mary Gundaker		Name of Father	<u> </u>		
SUPPORTING RECORD 2.	Type of Documents statement employment	nt re	By whom issued and signed BETHLEHEM PACIFIC		Date issued 11-22-55	first emplo		
	Date of Birth July 4 1891		Full Name of Mother Fran	STEEL CORPORATION, San Full Name of Mother Francisco		11-22-33   2-15-1927   Name of Father		
SUPPORTING RECORD 3.	Type of Docume	nt	By whom issued and signed		Date issued	Date Orig. Entry		
:: :::::::::::::::::::::::::::::::::::	Date of Birth	Birth Place	Full Name of Mother	<del>.</del>	Name of Father	•		
WALIFYING INFORMATION	lodge red	cord, statement 11-22-55; jo	nt re: SAN FRANCISC pined December, 1931	CO LODGE	NO. 68, ] date: Ju]	I.A. of M. Ly 4. 1891		
						tate of Idaho		
REGISTRAR'S CERTIFICATION	l hereby certi registrant and foregoing abst	that documentary evi	th certificate has been found i idence has been reviewed, which	n the Divisi substantiat	on of Vital States the facts as	atistics for this s set forth in the		
(seal)	State Registra		Evidence reviewed by		1	Date Filed December 9		
ŀ			1	bw Betty Waller				

HIGHE TO THAT I WAS USED TO THE THE REAL PROPERTY OF STREET THE THE HEAT'S Ser Fee No. chable\_sec Reg. Mat. 40-L Me street of Mil See of Bleen 100 4 6 5 4 4 1 1 2 the rises of stell Strict to wet to ver the ATTER & VINE TO POPPER TO THE STATE OF THE SER HAND OF HELP I A Secretary of the second of all tent tied leur er fin eine B. Parts on to action the The classic off the same and and A SUT STR ESTREETS - STR to it we have appelled to la 125 in the state of the no em edered at mices bee bedit. Buch Menind to east ma . The ever TON ON THE PARTY Sell Auto of Nother Date of B. th Birth Flace men of Serner Seta | tated being a time beautiful more of 13400 OFT DAT THE TOTAL ofomb leth er thouse 11-22-55 TOTAL BUILDING IN breart record Tanker of Method 1 radial to east of Sirth Pith Place Date Orlo. Entry Serse | sered the state of the same of the same of TWE OF DOCUMENT のおけるの時代は A COLUMN tentes in smell THE REEL OF MOTOR Cate of Birth Birth Place The state recent, statement to, SAN FROUCES W. CR. L. A. of M. 11-22-25; hoined December, 1931; birthdater July 4, 1891 surraplace: State of Icade I herder coulify that no orier bill cont "teste has been tend in the Olvision of Vital Stationics for this tree and that decimalize the that are the test of the the the that are the test in the contract and that are the test in the the test of test of the test of test o D'SASTELLAS CERTIFICATION. Corporate almost of ( ES& ) ball atag Stelle Registrer "Vidence reviewed by December Softy after many a records easy thouse wade and quiet butters and logical entertaints. The con-Cour o gamerate are those and office the foreign blocket and are a lightly wanter COLUMN HELD WATER

ivision of Vit	DI-DOY-134 DELAN Public Health tal Statistics	STATE OF ISAHO	Local Reg. No
oise, Idaho .			Reg. Dist. No
REGISTRANT Person whose irth is being	1. Registrant's Full Name at Birt Ida Pearl Dimick	A Street Street	Date (month) (day) (year) Of July 1 1891
egistered)	White F I	daho Bear Lake	b.City or Town of Birth Wardboro
ATHER	6. Full Name of Father William Albert Dimic	k	State or Country of Father's Birth Idaho , Paris
OTHER	8. Full Maiden Name of Mother Ida I. Stuart	i	State or Country of Mother's Birth Alabama, Blunt Co.
AFFI BAVIT	I hereby declare upon oath that tabove statements are true to the best of my knowledge and belief.		11. Present Address of Registrent  334 Washington, Montpe
OTARY (Seal)	Subscribed and sworn to before me	on 12. Signature of Notary	13. Notary Commission expires
	October 21, 19 5	5 Ruth aland	March 6, 19 56
	APPL	ICANT DO NOT WRITE BELOW THIS LINE By whom issued and signed	
EUPPORTING RECORD 1-	affidavit by aunt	Rachel Dalrymble	Date issued Date Orig. Entry
lass* B	July 1 Bear Lake 0	Full Name of Mother [daho	Name of Father
SUPPORTING RECORD 2.	Type of Document church record	By whom issued and signed L. D. S. CHURCH	9-21-44 Date Orig. Entry baptized July 9. 18
classB	July 1 Wardoro, Id Bear Lake	Full Name of Mother laho County Ida I. Stuart	Name of Father Albert William Dimic
SUPPORTING RECORD 3-	Type of Document statement re	WOMEN OF THE MOOSE	Date issued Date Orig. Entry May 14, 19
ClassB	Date of Birth Birth Place July 1	Montpelier Chapter & Full Name of Mother	898   12-7-55   to March 1   Name of Father
UALIFYING NFORMATION	1891		,
REGISTRAR'S CERTIFICATION	registrant and that documentary	irth certificate has been found in the evidence has been reviewed, which subs	Division of Vital Statistics for this tantiates the facts as set forth in the
(seal)	foregoing abstract.	Euldenen paulamed hu	Date Filed
	State Registrar	bw Betty Waller	December 12 1955

MTS IN TO STADISH THE OF WIRTH Charles To the A SECTION OF SECTION es de fett leter in milate f Test Manual Control · 連絡 (1486) 1. 10. 10. 1631 to the extract of the state. Will be me to the first the second of the second -10000 a Poor Lotanatt mad Africa comment of selections o rate of tractify and statement That I was in the same of the same transfa IS Alabama, Blunt Co. To live the grant of the state of the 274 dark nation, Monto The will have been and the second the relies to the seal of the marcin 6. 1956 THE REST SEED AND THE REST. AND THE REST. Towns In the land THE WAY THE MAN The second THE LEWIS CO. Tree does of THE SECRET ISSUE SET TO THE STATE OF trampfath TO THE STATE OF TH Setal 15 admi 1 T ASSET DEST PERME DITAMENT and the state that opening the content of the design of the content of the state of dragation and tract. belli no I Sen & Period Shale Was Liver TO TOURS and the state of a share of the state of his cases that the second and the second the second his second and second second

353-/3/-009-693 DELAYED CERTIFICATE OF BIRTH State File No. De55-1098 STATE OF IDAHO Locai Rea. No. Division of Vital Statistics Boise, Idaho Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth 2. Date REGI STRANT (month) (day) (vear) Of (Person whose Birth 1891 Edward Lee Kelley October 31 Birth is being 5. Place of Birth 3. Color or Race M. Sex registered) a. County b.City or Town of Birth Idaho White Male Bonner Hone 6. Full Name of Father FATHER 7. State or Country of Father's Birth Silas Lee Kelley Maryland 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth HOTHER Rose Adeline Orth Pennsylvania I hereby declare upon oath that the AFFI DAVI T 10. Signature of Registrant 11. Present Address of Registrant above statements are true to the 905 West Fifth Street Reller best of my knowledge and belief. Los Angeles 17, California Subscribed and sworn to before me on 13. Notary Commission expires 12. Signature of Notary NOTARY (Seal) Keril lecember 5 19 55 APPLICANT -- DO NOT WRITE BELOW THIS LINE By whom issued and signed SUPPORTING RECORD 1-Type of Document Date Issued Date Orig. Entry APPLICATION FOR INSURANCE August 2 1943 THE COMMERCIAL TRAVELERS MITTIAL ACCIDENT ASSOCIATION Date of Birth |Birth Place Full Name of Mother Name of Father October 31 Hope, Idaho Class\*\_B Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 2. MILITARY RECORD inducted Sept. 19, 1917 UNITED STATES ARMY 4-14-48 discharge certificate
Date of Birth Birth Place Full Name of Mother Name of Father 25 years 11 months Hope. Idaho class\_\_\_B Type of Document By whom issued and signed CORNELLIA COOK KELLEY Date issued Date Orig. Entry SUPPORTING RECORD 3. 12-31-55 AFFTDAVIT BY AUNT Los Angeles, California
Full Name of Mother Name of Father Date of Birth Birth Place Silar Lee Kelley Rose Adeline Orth Kelley October 31 Hopek Idaho Class\_\_\_R Bonner County 1891 **OUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Evidence reviewed by State Registrar Date Filed\* January 3 bw Betty Waller

\*Class A Records are those made and dated before the Registrant's fourth birthday.

OFLAYED CERTIFICATE OF BIRTH 822、400元代記 wet clie vo. STATE OF IDAG Local Reg. No. achial sister com tele .pek deals in ones fine attention (Vali) \_\_\_ improved CESS Y Teat. 400 A 6025 40 TO 1 2 0 WO 10 11 2 1 SAIR PRINTS TO THE WAR AN TITE WHEN THE ST WILLIAM or claim or morely of mothers a fine einer frames The term of the state of the second the Proposit intrast of Real Margar C. Mantitre of the course and of more of the second persons of the last Teamth at 17 rest 700 afrolifen (7: esfenting) and control or many the second relative to i. Hotely Demission exelica tratus of enternies at PAR OF COMMIT SECTION AND ASSESSMENT THE STREET STREET · 中级1746人。 SOUTH STATES AND PLACE to read from the car a specitrace of its earl si ell'itaga e regionale de la constanta de la in the last the Justice Control bear is but toward with at Date Orig. Entry There is the first LACE TO A SERVICE WELLEY U.S. PRINTER Weller day on the land CHITTING Telds to the control of the control Horman Contract. Dava Filed was live a story C TATTE SEE SEEM! 

23/-22	23-007-5 Public Health	5-93 DELAYED	CERTIFICATE OF BI	RTH	State Fil	e No. De 55-1]
epartment of	Public Health Tal Statistics	~ ~ ~	STATE OF IDAHO			. No
olse, Idaho .	ta: Statistics					. No
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egistered)	white	Temale	Task now trughes of Birth a. County Blaine		llevue	
ATHER	6. Full Name o	f Father	M Ou 1	7. State or Co	untry of Fa	ther's Birth
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OTHER	8. Full Maiden	Name of Mother		9. State or Co	untry of Mo	ther's Birth
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- > .	above statemen	ts are true to the wledge and belief.	Hazel formalis	Ot. Ot		re Idah
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ECORD 1-	Child's birth certificate Date of Birth Birth Place		On file-State of Ore	gon [iii]	v 2h. 19h	May 27.191
	Date of Birth	Birth Place	Full Name of Mother	N as	e of Father	May 27,191
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UPPORTING ECORD 2.	Type or bocame	n C	by whom i abased and orginal			
	Affidavit b	y Nei ghbor	Nettie Welton	Dec	13,1955	Dec.13,195
	Date of Birth	Birth Place	Full Name of Mother	N as	e of Father	
lassB	Ion 22 1801	Rellevue Tobbo	Margaret Stark	Br	nice W. St	tork
UPPORTING	Type of Docume	Bellevue, Idaho	By whom issued and signed	Dai	e issued	ark Date Orig. E
ECORD 3.			Pocatello, Idaho		3 5 3 6 6 6	
	Insurance Date of Birth	Policy	Beneficial Protecti:	ve Asso. Ar	e of Father	Apr.15,19
lana B			Turi name of notine			
lass_B	Jan.23,1891	Edaho				
NALIFYING NFORMATION						
EGISTRAR'S ERTIFICATION (seal)	I hereby certi registrant and foregoing abst	that documentary evide	certificate has been found in ence has been reviewed, which	the Division of substantiates	ne facts as	set forth in
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Division of Vit	tal Statistics		STATE OF IDAHO		Local Re	g. No	
olse, Idaho.					Reg. Dis	t. No	
REGISTRANT	1. Registrent	a Full Name at Birth	0 .0	2. Date	(month)	(day) (year)	
Person whose irth is being	Charl		Smith	Birth	January	2. 189	
egistered)	3. Color of Ra	male Cah	e of Birth a. County Ley Cassia Ida	le C	all lease	Maho	
FATHER	6. Full Hamp o	f Father Such	mith	7. State	or country of Fi	ather's Birth	
OTHER	8. Full Maiden	Name of Mother Sarah Elizabe	th Bunn	9. State	or Country of M England	other's Birth	
FFIDAVIT	above statement	re upon oath that the ts are true to the wledge and belief.	10. Signature of Registrant	h	1. Present Addre Lastley	ldahu	
OTARY TSeals	Subscribed and	sworn to before me on	12. Signature of Hotary	3,	3. Notary Ogmi	ssion expires	
	Janu		Raut nulso	n	July 10	), 19 <u>57</u>	
UPPORTING	Ayoe of Documen	APPLICAN	T- DO NOT WRITE BELOW THIS By whom issued and signed	LINE //	Date Issued	Date Orig. Entry	
ECORD 1.	BIBLE RECO		sworn to be true re Violet E. Smith	cord by	10-8-55	bate orig. Bitty	
		Birth Place	Full Name of Mother		Name of Fathe	•	
lass* <u>B</u>	January 2 1891	Oakley, Idaho	Sarah Elizabeth Smi	th	Joseph S		
UPPORTING RECORD 2-	SON'S BIRT	at H CERTIFICATE	By whom issued and signed STATE OF IDAHO #22278h		Date issued	Date Orig. Entry child born May 30, 193	
classB	Date of Birth 43 years old	Birth Place Idaho	Full Name of Mother				
UPPORTING	Type of Documen	nt	By whom issued and signed		Date issued Date Orig. Ent		
ECORD 3-	CHURCH R	RCORD	L.D.S. CHURCH	10-4-55 Feb. 5, 189			
	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
lass B	January 2 1891	Oakley, Idaho Cassia County	Sarah E. Bunn		Joseph Sm	<u>ith</u>	
UALIFYING NFORMATION	APPLICATION	FOR INSURANCE	BENEFICIAL LIFE INS #208011	URANCE CO		ed r 16, 1940	
	January 2,		, Idaho				
EGISTRAR'S ERTIFICATION	birth da i hereby certi- registrant and foregoing abst	fy that no prior birth that documentary evide	LECE certificate has been found ince has been reviewed, which	n the Divis substantia	ion of Vital States the facts as	atistics for this set forth in the	
(seal)	State Registra	r	Evidence reviewed by			Date Filed	
	_		Betty Waller			February 20 1891	

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CH RECORD		CHURCH OF ST. CHAI	RLES	2-1-56	baptized
		Full Name of Mother		Name of Fathe	Jan 14, 1893
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n 6 Moun	ntain Home	Margaret Burns		George Mo	Williams
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	DER BROTHER	GEORGE B. MCWILL	TAMS	0 2 56	
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Birth Birth	• •	Full Name of Mother		Name of Fathe	<b>.</b>
1	ntain Home	Manager Pro-		George I.	McWilliams
<u>-</u>	<u>Idaho</u>	Margaret Burns			
	no prior birth	certificate has been found	in the Divis	sion of Vital St	atistics for this
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DELAYED CERTIFICATE OF BIRTH 296-102-016-719 State File No. Do56-328 STATE OF IDAHO Local Reg. No. Division of Vital Statistics Bolse, Idaho.. Reg. Dist. No.\_\_\_\_\_ 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (day) (year) Of (Person whose HUDSON WINFREE BROWN 1891 Birth MAY Birth is being registered) 3. Color or Race L. Sex 5. Place of Birth a. County b. City or Town of Birth white male CASSIA IDAHO ALBION 6. Full Hame of Father 7. State or Country of Father's Birth FATHER 740 Prinsville Hontucke 9. State or Country of Mother's Birth Montgomery Taylor Brown 8. Full Maiden Hame of Mother MOTHER. Centerville Utah Katherine Vastah Parks AFFI DAVI T I hereby declare upon oath that the 10. Signature of Registrant 11. Present Address of above statements are true to the Fludson Winfree Brown best of my knowledge and belief. Rt. #2.Kimberly, Idaho 13. Notary Commission expires Subscribed and sworn to before me on 12. Signature of Notary NOTARY (Seal) January 4 1958 March 23 19 56 APPLICANT DO NOT WRITE BELOW THIS LINE
TRY UNION PACIFIC RAILROAD Type of Document SUPPORTING Date | saued Date Orig. Entry APPLICATION FOR ANNUTTY signed RECORD 1-Charles Devorak, Field Rep. April 28, 1945 Date of Birth Birth Place Full Name of Mother Name of Father May 2 Albion, Idaho Katherine Vastah Parks Montgomery Taylor Brown Class\* 1891 Cassia County Type of Document Date issued Date Orig. Entry By whom issued and signed SUPPORTING AFFIDAVIT BY FRIEND OF FAMILY RECORD 2-SAMUEL PERRINS Twin Falls, Idaho 3-16-56 Date of Birth Birth Place Full Name of Mother Name of Father Albion, Idaho May 2 1891 Class\_\_\_R Montgomery Taylor Brown Kate Vasta Park Brown Type of Document DEPARTMENT OF COMMERCE Date issued Date Orig. Entry SUPPORTING RECORD 3-Census of 1900 2-15-56 CENSUS RECORD Bureau of the Census June 1 Date of Birth Birth Place Full Name of Mother Mame of Father 9 years old May, 1891 Class\_\_\_B Idaho Kate V. Brown **QUALIFYING** IN FORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) State Registrar Evidence reviewed by Date Filed

Betty Waller March 28, 1956 \*Class A Records are those made and dated before the Registrant's fourth birthday.

Class B Records are those made after the fourth birthday but are at least 5 years old.

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Boise, Idaho .					· - · · · · · · · · · · · · · · · · · ·	t. No
REGISTRANT	10	s Full Name at Birth		2. Date	(month)	(day) (year)
(Person whose Birth is being	July K	stepper -		Birth (	fuly-	11 189
registered)	3. Color or Ra	ce 4. Sex 5. Place	of Birth a. County	ه و	city or Town o	F Birth
	Lim	- James Mrgg	leton Ida - Compon	100	mony	
FATHER	6. Full Name o	Name of Mother	, 0	Detate	or Country of	ttner's Birth
HOTHER	8. Full Maiden	Name of Mother		9. State	or Country of M	cher's Birth
	Bootho	Mortemo				
AFFIDAVIT	I hereby decla	re upon bath that the	10. Signature of Registrant	1:	1. Present Addre	ess of Registrant
		ts are true to the wledge and belief.	10. Signature of Registrant Mrs. Havry Souls	-	7/18 5	31 Qy 1 # 10
NOTARY (Seal)	ļ. <u></u> .,	sworn to before me on	12. Signature of Notary	1	3. Notary Commis	ssion expires
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	_ many	<u>4</u> 1986	Curati, Curag	_	murrer .	9 19 56
		APPLICAN	T- DO NOT WRITE BELOW THIS L By whom issued and signed	JNE		
SUPPORTING RECORD 1-	Type of Docume Statement		COUNTY OF CANYON, Id	laho	Date Issued	July 28
RECORD -	SCHOOT.	RECORD	School Dist. #16		2-28-56	1896
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	r
Class*B	5 years					
SUPPORTING	Type of Docume		By_whom issued and signed	MARKET	Date issued	Date Orig. Entry
RECORD 2.	STATEMENT HOSPI	TAT PROOPD	SAN FRANCISCO HOSPI	TAL	3-27-56	admitted July 23, 1951
	Date of Birth		Full Name of Mother		Name of Father	r
classB	July <sub>1891</sub>	Idaho	Bertha Dobbons		Henry Kol	lkepp
SUPPORTING	Type of Docume	nt	By whom issued and signed		Date issued	Date Orig. Entry
RECORD 3-	AFFIDAVIT	BY OLDER SISTER	ADA KOHLHEPP SMITH		3-28-56	
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
ClassB_	July 11	Middleton	Bertha Dobunns		Henry Kol	lhenn
OUAL I FYING	1891	Idaho	Der cha Dobums		1 332 3 333	
IN FORMATION						
REGISTRAR'S	I hereby certi	fy that so prior birth	certificate has been found in	the Divis	ion of Vital Sta	atistics for this
CERTIFICATION	registrant and foregoing abst	that documentary evide	nce has been reviewed, which	subatantia	tes the facts as	set forth in the
(seal)	State Registra	r	Evidence reviewed by			Date Filed
	0.9	Beneva	bw Botter Wall			A
			Det by Wall			April 12, 195
TClass A Recor Class B Recor	ds are those ma ds are those ma	de and dated before the de after the fourth bir	Registrant's fourth birthday thday but are at least 5 year	s old.		

Form DPH 49067

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(Person whose	Susie Ca	therine He	dden				Of Rirth	Sept.	7	1891
Birth is being registered)	3. Color or Rac		5. Place	of Birth	a. Cour	tv		.City or Town		
egistered,	White	Female	Corr		Cama	•		ral, Idaho		
FATHER	6. Full Name of	Father	<u> </u>				7. State	or Country of	Father's	Birth
	Solomen G.	Hedden					Louis	siana		
10THER	8. Full Maiden	Name of Mothe	r				9. State	or Country of	Mother's	Birth
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AFFIDAVIT	Mareby declar above statement best of my know	s are true to	the			legistrant Erino E	Leiser	1. Present Add 101 Hobb S	t., Val	lejo, Cal
OTARY (Seal)	Subscribed and	sworn to befo	re me on	12. Signa	ture of I	otary //	1	3. Notary Com	xe noissia	pi res
•	0ct. 1	8	19 <u>55</u>	Disa	20	? Le	es	/ Jan 25		<b>19</b> 58
			APPLICANT	- DO NOT	WRITE B	LOW THIS L	INE	Date Issued	Doda A	rig. Entry
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classB	17 years	Corral,	Idaho		• 0. p.c.					
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(364)	State Registra			Evidenc	e review	d by		<del></del>	Date Fi	led 1 20
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Carl . Lerre entes aire 70 territe une aguas some es The entire to hind out to means Dec. 1. 1947 instruence recurd 602 Thinks the Libert when testes to area is 8 EST 37 en season to the few seasons which appropries the total or est their a the TOTAL COL W LP:A Betty on it or

269-221-036-168 DELAYED CERTIFICATE OF BIRTH State File No. De56-448 STATE OF IDAHO Local Reg. No.\_\_\_\_\_ Division of Vital Statistics Boise, idaho., Reg. Dist. No.\_\_\_\_ 1. Registrent's Full Name at Birth 2. Date REGI STRANT (month) (day) (year) Of (Person whose 1891 MYRTLE SEPTEMBER 21 AMANDA SORENSON Rirth Birth is being 3. Color or Race 4. Sex 5. Place of Birth registered) a. County b.City or Town of Birth ONEIDA female **IDAHO** STONE white 6. Pull Hame of Father 7. State or Country of Father's Birth FATHER Antone Frederick Sorenson Copenhagen, Denmark S. Full Maiden Name of Mother 9. State or Country of Mother's Birth HOTHER Stone. Idaho Mary Jane Johnston I hereby declare upon oath that the AFFIDAVIT 10. Signature of Registrant 11. Present Address of Registrent above statements are true to the amanda murtbe Landon. best of my knowledge and belief. 13. Notary Commission expires 12. Signature of Hotary Subscribed and sworn to before me on NOTARY (Seal) 23 rd 19 56 anuary 10 APPLICANT SO NOT WRITE BELOW THIS LINE.
By whom I sawed and signed Type of Document Date | saued Date Orig. Entry SUPPORTING baptized Sept. 8, 1900 L.D.S. CHURCH RECORD 1. 9-12-55 CHURCH RECORD Salt Lake City, Utah Date of Birth Birth Place Full Name of Mother Name of Father September Stone. Idaho Class\* B Mary Jane Johnston Antone Sorenson 21, 1891 Type of Document AFFIDAVIT BY FRIENDS OF By whom issued and signed Date issued Date Orig. Entry SUPPORTING CHRISTINA D. NEAL RECORD 2-9-1-55 FAMILY FRED C. NEAL, Garland, Utah Full Name of Mother Date of Birth Birth Place Name of Father Stone, Idaho September Class\_ 21, 1891 Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 3application for Beneficial Protective Association Pocatella insurance Name of Father Date of Birth Birth Place Stone September 1891 Class\_\_\_B Idaho QUALIFYING INFORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Date Filed Evidence reviewed by State Registrar April 30 Betty Waller 1956

<sup>\*</sup>Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. l copy paid Form DPH 49067

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ise, idaho					t. No
EGI STRANT	1. Registrant's Full Name at Birth		2. Date	(month)	(day) (year)
erson whose	Mamie I. Morton		Birth	9	18 91
rth is being egistered)		e of Birth a.County	b.	City or Town o	f Birth
	W-Am F Gem n	ow - was Canyon in 189	I Fal	k's Store,	Idaho
THER	6. Full Name of Father	· ·	7. State o	r Country of F	ather's Birth
	Edward Eugene Morton		Patt	erson, N. J	
THER	8. Full Maiden Name of Mother		9. State o	r Country of M	other's Birth
	Sarah Susen Thimbleby		Beave	r. Utah	
FFI DAYI T	I hereby declare upon oath that the	10. Signature of Registrant			ess of Registrant
•	above statements are true to the best of my knowledge and belief.	Manie & morton Vana	DINR	TE. 3. Bois	e, Idaho
TARY (Cas)	Subscribed and sworn to before me on	12. Signature of Notary	13	. Notary Commi	ssion expires
TARY (Seal)		1			·
	March 5 19 56	m. J. Jely			<u>9 - 15 19 58 </u>
	APPI I CA				
PPORTING	Type of Document	By whom issued and signed		Date issued	Date Orig. Entry
ECORD 1	affidavit by friend	Mrs. Myrtle Marr	ison	2-28-56	
	Of family Date of Birth Birth Place	Boise Idaho Full Name of Mother		Name of Fathe	
lass* B	September Falk's Store		• • •		
iass <u>D</u>	18. 1891   Idaho	Saran Susen Inim	bleby		gene Morton
UPPORTING	Type of Document	By whom issued and signed	merce	Date issued	Census of 1
ECORD 2.	census record	Department of Com Bureau of the Ce	nsus	4-2-56	June 1
	Date of Birth Birth Place	Full Name of Mother		Name of Fathe	r
lass_B	8 years old Idaho	Sarah Morton		Edward 1	Morton
	Sept 1891 Idano Type of Document	By whom issued and signed		Date issued	
UPPORTING ECORD 3.	statement re	County of Canyon		1-26-56	Date Orig. Entry August 31
	school record	District #13		Name of Fathe	1903
_	Date of Birth Birth Place 11 years	Full Name of Mother		Hame of rathe	T
lass_B	old	Sarah Morton		Ed Morte	on
UALIFYING NFORMATION	OIG			<u></u>	
vikini i vi					
EGISTRAR'S ERTIFICATION	I hereby certify that no prior birth registrant and that documentary evid	certificate has been found in ence has been reviewed, which	n the Divisi substantiat	ion of Vital St tes the facts a	atistics for this s set forth in the
(seal)	foregoing abstract.	Evidence reviewed by			Date Filed
	State Registrar	m 44 M ad			Wa = 14 105
	1 11/1 1/10/ 1	bw Betty Wall	er		May 14, 1950

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Birth is being registered;	3. Color or Rac white		Idah	-	iaho		b.City or		Birth	
FATHER	6. Full Name of	T	Luani	<u> </u>		7. State	or Countr			Birth
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		<u>Elizabeth</u>				Ger				
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QUALIFYING INFORMATION										
REGISTRAR'S	i hereby certif	y that no prior	birth cert	ificate has be	en found in	the Divi	sion of Vi	tal Sta	tistics	for this
CERTIFICATION (seal)	registrant and foregoing abstr	that documentar act.	y evidence	has been revie	wed, which s	ub <b>sta</b> nti:	ates the 1			
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DELAYED CERTIFICATE OF BIRTH 3/5-27-004- 494 State File No. De56-608 STATE OF IDAHO Division of Vital Statistics Local Reg. No. Boise, Idaho . Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth **REGISTRANT** 2. Date (month) (day) (year) Of (Person whose August 23 1891 Marinda Langford Birth Birth is being 3. Color or Race 4. Sex registered) 5. Place of Birth a. County b. City or Town of Birth female white Tdaho Bear Lake Wardboro 6. Full Name of Father FATHER 7. State or Country of Father's Birth John Webster Langford madeon wise - U. &a 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Rhoda Ann Dimmick janush tark litals I hereby declare upon oath that the AFFIDAVLT - -10. Signature of Registrant above statements are true to the Bagley/228 Mo Dur best of my knowledge and belief. Subscribed and sworn to before me on 12. Signature of Note NOTARY (Seal) APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed
L. D. S. CHURCH SUPPORTING Type of Document Date Yssued Date Orig. Entry RECORD 1. statement re blessed Sept. 21,1891: 4-29-56 church record Pocatello. Idaho Date of Birth Birth Place
August Wardboro, Idaho Full Name of Mother Name of Father Class\* A 23° 1891 Bear Lake County Rhoda Ann Dimmick John Webster Langford Type of Document SUPPORTING By whom issued and signed Date issued Date Orig. Entry Obviously RECORD 2. photostat viewed by this record by midwife of fice o1d Date of Birth Birth Place Full Name of Mother Name of Father August 23 Class\_\_\_ Mrs. Langford 1891 By whom issued and signed Reserve Life Insurance SUPPORTING Type of Document Date Orig. Entry effective Date issued RECORD 3insurance record Co. #\$-338045 July 15. 1949 Date of Birth Birth Place Full Name of Mother Mame of Father 57 years Class\_\_ B **OUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S **CERTIFICATION** registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. (seal) State Registrar Evidence reviewed by Date Filed bw Betty Waller June 7, 1956 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

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· · · · · · · · · · · · · · · · · · ·	wney. Idaho	Martha Treasure		John Tre	asure
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SUPPORTING RECORD 9.  Type of Document military record The United States Army  Date of Birth Birth Place 26 years McCall old Idaho  REGISTRAR'S CERTIFICATION (seal)  State Registrar  REGISTRAR'S State Registrar  REGISTRAR'S State Registrar  Date of Document military record The United States Army  Blanche Agusta Davis Francis Davis Date issued Date orig. Entropy enlisted Sept. 18,  By whom issued and signed The United States Army  Full Name of Mother  Full Name of Mother  Full Name of Mother  Full Name of Father  Registrar Evidence reviewed, which substantiates the facts as set forth in the foregoing abstract.  State Registrar  Evidence reviewed by  Date Filed	_	Date of Birth Birth Place	Full Name of Mother		Name of Father	Marion
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REGISTRAR'S CERTIFICATION (seal)  State Registrar    I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.    Evidence reviewed by   Date Filed   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date	LIASSD		<del>-</del>			
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DELAYED CERTIFICATE OF BIRTH 362191006-815 State File No. De56-674 STATE OF IDAHO Local Reg. No. Division of Vital Statistics Boise, Idaho . Reg. Dist. No.\_\_\_\_ 1. Registrant's Full Name at Birth 2. Date **REGISTRANT** (month) (dav) (year) Of (Person whose Birth September 19 1891 Shosted Lovina Cora Birth is being registered) 3. Color or Race 4. Sex 5. Place of Birth a. County b.City or Town of Birth white fema1e Bingham Wilford Tdaho 6. Full Name of Father 7. State or Country of Father's Birth FATHER William H. Shosted Denmark 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Hannah Hanson Denmark I hereby declare upon oath that the 11. Present Address of Registrant AFFI DAVI T 10. Signature of Registrant above statements are true to the 1556 E Center Pocatello, Idaho. best of my knowledge and belief. 13. Notary Commission expires Subscribed and sworn to before me on 12. Signature of Notary NOTARY (Seal) August 1 19\_56 June 25 APPLICANT -- DO NOT WRITE BELOW THIS LINE
By whom issued and signed Type of Document Date | saued Date Orig. Entry SUPPORTING baptized L.D.S. Church RECORD 1. 11-1-08 church record Wilford. Idaho oct. 27. 1908 September Wilford, Idaho
19, 1891 Bingham County Full Name of Mother Name of Father Class\* R William H. Shosted Hannah Hanson Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING Anna Hansen Sharp RECORD 2affidavit by aunt 6-25-56 Pocatello, Idaho Full Name of Mother September Wilford, Idaho Name of Father Class\_\_B William H. Shosted 19. 1891 Bingham County Hannah Hanson Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING application for insurance Gem State Mutual applied RECORD 3-#49386-Y: Pocatello, Idaho July 26, 1948 Date of Birth Birth Place Mame of Father September Wilford Class\_ B 19. 1891 Idaho **QUALIFYING** INFORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed Evidence reviewed by State Registrar Betty Waller July 2, 1956 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. Form DPH 49067

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Cometere of Hole MIL SUIT VOCES IN THE CASE A) 42 A 18 8500 W CHOOSE No. The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s ALTER OF THE TOTAL TOTAL TOTAL TO TRANSPORT OF WART OF THE Control and the Control and Do to the section of STATE OF THE u do en en cont the state of the 27. 38.0 aborto mar . 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Bolse, Idaho 🦲	· **				Reg. Dist	t. No
REGI STRANT	1. Registrent's F	ull Name at	Birth	2. Da		(day) (year)
(Person whose	Minnie Ma	arie (¿	ulia) Craig	O' Bii	th August	18 1891
Birth is being registered)	3. Color or Race White			unty Idaho nea	b.city or Town of	
FATHER	6. Full Name of F	ather n Craig		7. Sta	nte or Country of Fe nark, Ontari	ather's Birth
IOTHER	8. Full Maiden Na		<u> </u>		ate or Country of Mc	
,	Mary Vile				pwai, Nez Pe	
AFFIDAVIT	I hereby declare above statements best of my knowle	upon oath t are true to	the	• /	11. Present Addre	iss of Registrent Idaho
HOTARY (Seal)	Subscribed and sw		re me on 12. Signature o	f Hotary	13. Notary Commis	ssion expires
•.	March 28,	1956	19_ W.W.4	Zwr_	May 25,	1959 19
			APPLICANT DO NOT WRITE By whom issued	BELOW THIS LINE	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1-	Statement r		ST. MARY! Genesee		3-21-56	confirmed Dec. 8, 1905
	CHURCH Date of Birth Bi August 18	rth Place	Full Name of M	other	Name of Father	r
Class* B	1801					
SUPPORTING RECORD 2.	Type of Document affidavit	by neigh	bor By whom issued Thomas I Genesee,	and signed ngle Idah o	Date issued 5-2-56	Date Orig. Entry
	Date of Birth Bi	rth Place	Full Name of M		Name of Father	r
class_B_	August G 18. 1891	enesee Ida	ho Mary Vi	les Craig	William	Craig
SUPPORTING RECORD 3.	Type of Document statement	re	By whom issued St. Gerti	and signed rude Convent	Date issued 7-10-56	Date Orig. Entry boarded
	School Date of Birth Bi	record	Cottonwoo	d, Idaho	Name of Father	1904 <del>1</del> 1906
class_B	August 18, 1891	rth Flace	Pari Name Of Pr	, 6.1.9.		•
WALIFYING NFORMATION		· · · · · · · · · · · · · · · · · · ·				
REGISTRAR'S CERTIFICATION	I hereby certify registrant and th foregoing abstrac	at document	or birth certificate has ary evidence has been rev	been found in the D lewed, which substa	ivision of Vital Statistical States the facts and	atistics for this s set forth in the
(seal)	State Registrar		Evidence revi	ewed by		Date Filed
	WIA	Ben	bw bw	Betty Waller	r	July 16, 195

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Can C tane of methar SOM ATHE MILE TO CHA teals To mak - Game THE AGILY ater of the Town the side bearing to the side of between the crit title Tale No. 100 Miles illustration in the second Janga. Beer THE LINE company of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro S March 197 WEARING half Tied TOTAL TERMS The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

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BMpartment の下。 Division of Vi	Pubic Health / / / / / / / / / / / / / / / / / / /	STATE OF IDAHO			g. No		
olse, Idaho .					t. No		
REGI STRANT	1. Registrant's Full Name at Birt	th	2. Date	(month)	(day) (year)		
(Persoa whose	Tanana Ti ea	A De marie	Of Birth	July	15 1891		
Birth is being registered)	Laura Emily Johnston	lace of Birth a.County		ity or Town o			
, 09, 0 (0) (0)	White Female	Oneida	1	one	, pircii		
FATHER	6. Full Name of Father	0110100	7. State or	Country of F	ather's Birth		
	James Elijah Tahnata	_	Utah.	U. S. A.			
MOTHER	James Elijah Johnsto: 8. Full Maiden Name of Mother		9. State or	Country of M	other's Birth		
	Hannah Elizabeth Hous	seholder	1	U. S. A.			
AFFIDAVIT	I hereby declare upon oath that t		t 11.		ess of Registrant		
	above statements are true to the best of my knowledge and belief.	Laura & al	- Liles	A = 1a +	тэ э		
NOTARY (Seal)	Subscribed and sworn to before me	on 12. Signature of Notary	12	ASHUON,	Idaho.		
HUIARI (Seal)			1-2-	Noter, Commi	oeion oxpiioo		
	July 19 56	- Years Balan	61 4	Nov.	10th, 19 59		
	ADM	ICANT DO NOT WRITE BELOW THE					
SUPPORTING	Type of Document	By whom issued and signed Hannah E. Johnst Ashton, Idaho		Date issued	Date Orig. Entry		
RECORD 1-	affidavit by mother	Hannan E. Johnst	on	7-27-56			
	Date of Birth Birth Place	Full Name of Mother		Name of Fathe			
ciass* B	Date of Birth Birth Place Stone, Idah	0	_				
	1891 Oneidá Coun		ston	James E	<u> Lijah Johnsto</u>		
SUPPORTING RECORD 2.	Type of Document daughter's birth	By whom issued and signed State of Idaho		Date issued	Onto Orig. Entry Child born		
	certificate	#87449	<b>'</b>		Feb. 19, 19		
	Date of Birth Birth Place	Full Name of Mother		Name of Fathe			
ClassB_	29 years Idaho						
SUPPORTING	Type of Document	By whom issued and signed		Date issued	Date Orig. Entry		
RECORD 3.	family genealogy	THE HOUSEHOLDERS	OF AMER	CA	compiled		
		Full Name of Mother		Name of Fathe	March, 1947		
class_B_	Date of Birth Birth Place July 15 Stone, Idah	O		Tames	Elijah Johnst		
Ulass	1891 Oneda Count		Househo]	.der			
QUALIFYING INFORMATION		<b>y</b>					
INTURNATION							
			-				
REGISTRAR'S	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the						
CERTIFICATION	registrant and that documentary e foregoing abstract.	vidence has been reviewed, which	n substantiate	s the facts a	s set forth in the		
(seal)	State Registrar	Evidence reviewed by			Date Filed		
	1 / Benson						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Betty Walle:			July 16, 1956		

Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

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registered)	white	female	5. Place of Birth IDAHO	a.County ADA		b.City or Town o		
FATHER	6. Full Name of				7. State	or Country of F	ather's B	i rth
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QUALIFYING INFORMATION								
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(Person whose Birth is being	mar	y Jane	Clegg	Birth	nov.	4 /891 f Birth
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	6. Full Name of	FEMALE ID	AHO- BINGHAM	W	ILLOW C	REEK
FATHER	Will	am James	clean	1	or Country of F	
HOTHER	8. Full Maiden	Name of Mother	10. Signature of Registrant	1	or Country of M	other's Birth
AFFI DAVI T	I hereby decis	re upon oath that the	10. Signature of Registrant		11. Present Addr	ess of Registrant
		ts are true to the wiledge and belief.	me of the	me.	2167 N.F.	NSton AUE Kton, Calif seion expires
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class*_B	November	Willow Creek Idaho	Full Name of Mother  Mary Elizabeth	Mudd	Name of Fathe	r James Clegg
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6. Full Name of Father	2	7. State or Country of Father's Birth
Calven Swith all	en	doera
13 1 1/1 1/4	1	9. State or Country of Mother's Birth
	10. Signature of Registrant	11. Present Address of Registrant
above statements are true to the	I max aller	1321-Bolson Boulder
	12 Signature of Notary	13. Notary Commission expires
aug. 7, 10 6	Heva a William	Mr. 29. 1958
APPLICAN	T- DO NOT WRITE BELOW THIS LI	Closed Date Issued   Date Orig. Entry
Marriage Record	Boudler Co., Colo.	Clerk
		July 30,56 Aug. 9,19
	By whom issued and signed Mutual Life Ins. New York	Co. Date issued Date Orig. Entry September 25, 1926
Date of Birth Birth Place Idaho	Full Name of Mother	Name of Father
	By whom issued and signed	Date issued Date Orig. Entry Viewed original in t
Family Record		obviously old.
Date of Birth Birth Place	Full Name of Mother	Name of Father
August 15. 1891	Anis Allen	Calvin Smith Allen
registrant and that documentary eviden		
State Registrer	Evidence reviewed by	Date Filed
v Wdenson	Verna Reisch	August 21,1
	8. Full Maiden Name of Mother  Line Substant  I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.  Subscribed and sworn to before me on  Line 7, 19 6  Type of Document  Marriage Record  Date of Birth Birth Place  Age 21  Type of Document  Insurance Policy  Date of Birth August 15, 1891 American Falls  Type of Document  Family Record  Date of Birth Birth Place  August 15, 1891  I hereby certify that no prior birth registrant and that documentary evident foregoing abstract.  State Registrar	APPLICANT DO NOT WRITE BELOW THIS LIFE TO DO LOCK WOLLING  APPLICANT DO NOT WRITE BELOW THIS LIFE OF MOTORY  APPLICANT DO NOT WRITE BELOW THIS LIFE OF MOTORY  APPLICANT DO NOT WRITE BELOW THIS LIFE OF MOTORY  APPLICANT DO NOT WRITE BELOW THIS LIFE OF MOTORY  APPLICANT DO NOT WRITE BELOW THIS LIFE OF MOTORY  APPLICANT DO NOT WRITE BELOW THIS LIFE OF MOTORY  APPLICANT DO NOT WRITE BELOW THIS LIFE OF MOTORY  APPLICANT DO NOT WRITE BELOW THIS LIFE OF MOTORY  MITTON E. TSCHICHE  BUILDING  APPLICANT DO NOT WRITE BELOW THIS LIFE  BOUILIEF C

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Person whose	Div	dision of the	Jane Read Read	Of Birth	mais	30 1891
irth is being registered)	3. Color or Rac	- 01 11131 14-1	of Birth a. County	<del>-</del>	.City or Town o	<u> </u>
by is coned,	white	Female	Cassia	1 7	marion	
FATHER	6. Full Name of		0		or Country of F	ather's Birth
		William	Read	uto		
OTHER	8. Full Maiden		· • · · · · · · · · · · · · · · · · · ·		or Country of M . D	other's Birth
	1 banka dada	Jydia 10	atura Garringe 10. Signature of Registrant	uto		ess of Registrant
AFFIDAVIT	above statement	re upon oath that the	• •	1		- I A
``		eledge and belief.	Jane Pearl Re	ad Hale		Idaho
OTARY (Seal)	Subscribed and	sworn to before me on	12. Signature of Notary	1	3. Notary Commi	saion expires
· · · · · ·	Sept	7 th 1956	Wallace a Hat	e  -	may 2	10 4 1060
-	Type of Documen	APPLICAL	By whom issued and signed Merrill W. Warr	LINE	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	<b>∖</b>		Merrill W. Warr		<u> </u>	1
, <u>-</u>		mbership recor	d L.D.S. Church		Name of Fathe	6 Sept. 1899
class* B	Date of Birth	Birth Place	Full Name of Mother			
Class*D	May 30,18	91 Marion, Ida	ho Lydia Gorringe		William	
SUPPORTING	Type of Documen	nt	By whom issued and signed		Date issued	Date Orig. Entry
RECORD 2.	Affidavit	by friend	Annie Gorringe		July 12.	1956
~	Date of Birth	Birth Place	Full Name of Mother		Name of Fathe	r
class B	May 30, 1891	Marion, Idaho	Lydia Gorringe		William	n Read
SUPPORTING	Type of Documen	nt	By whom issued and signed		Date issued	Date Orig. Entry
RECORD 3.	Childle		Boise, Idaho	050	January	1927
	Date of Birth	irth certifica	Boise, Idaho te Idaho File #148 Full Name of Mother	656	Name of Fathe	
classB		İ				
DUALIFYING	Age 35	Ida ho				
INFORMATION						
	*					
REGISTRAR'S	I hereby certi	fy that no prior birth	certificate has been found i	n the Divis	ion of Vital St	atistics for this
CERTIFICATION	registrant and	that documentary evide	ence has been reviewed, which	substantia	tes the facts a	s set forth in the
(seal)	foregoing abst		Evidence reviewed by			Date Filed
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Bolse, Idaho .	tal Statistics SEP13 055			Reg. Dist	. No
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(Person whose Birth is being	Stella Jane Mavit	y	Birth	June	17 1891
registered)	3. Color or Race 4. Sex 5. Pla	mee of Birth a. County daho Custer	b	city or Town of Bayhors	
FATHER	6. Full Name of Father		7. State	or Country of Fa	ther's Birth
	James Mavity			) Wae	
OTHER	8. Full Maiden Name of Mother Louisa Dee Workman		9. State	or Country of Mo ah	ther's Birth
AFFIDAYIT.	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	Italla france	Chivers	1. Present Addre	
HOTARY (Seal).	Subscribed and sworn to before me	on 12. Signature of Notary	1	3. Notary Commis	sion expires
	September 11 19 56	6 J. Lessil Sha	<b>*</b>	march 1	7 19 59
	APPL1	CANT DO NOT WRITE BELOW THI	SLINE		IB-A- A-I- P-A-
SUPPORTING RECORD 1-	Marriage License	State of Idah County of Cus	10	Date issued	married May 15, 19
class* <u>B</u>	Date of Birth Birth Place 20 years	Full Name of Mother	,	Name of Father	
SUPPORTING RECORD 2-	Type of Document daughter's birth certificate	By whom issued and signe State of Idah #151835		Date Issued	child born April 22. 1
class_B	Date of Birth Birth Place 35 years old Idaho	Full Name of Mother		Name of Father	
SUPPORTING	Type of Document	By whom issued and signe	d	Date issued	Date Orig. Entry
RECORD 3-	Affidavit by Brother	Thomas L. Howel	1	September	25, 1956
Class B	Date of Birth Birth Place June 17,	Full Name of Mother		Name of Father	
	1891 Bayhorse, Ida	ho Louisa Dee May	/ity	James T.	Mavity
WALIFYING INFORMATION	Census Record-Census	of 1920, January 1,	Age 27.	. Birthpla	ice-Idaho.
DEAL OFFICE	I hereby certify that no prior bir	th cartificate has been found	in the Divis	ion of Vital Sta	tistics for this
REGISTRAR'S CERTIFICATION (seal)	registrant and that documentary ev foregoing abstract.	idence has been reviewed, whi	ch substantia	tes the facts as	set forth in the
,,	State Registrar	Evidence reviewed by			Date Filed
	W. W. Benson	bw Verna H	Re <b>i</b> s ch		Sept. 27,195

WHITE TO STATE OF THE WASHINGTON 19 M.T. .... 2015 Act A LEE STORTS The season of the season of the TO THE SEA S. L. S. What to me .. to st. . . . Table 1 And to the or should be stated in Alta a redfer to vit will be east. 1. Frozent address of Pout cirage ter late soletime? trasal ... 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6- Full Name of Father	o Binghan 7. 8	tate or Country of Father's Birth
Hasar n cowen	$^{\prime}$	tal Weber
8. Full Maiden Name of Mother	9. 8	tate or Country of Mother's Birth
man nettie shu	releft 20	de weber
I hereby dictare upon oath that the above statements are true to the	10. Signature of Registrant	11. Present Address of Registrant 2543 madrom Ogden
	12. Signature of Notary	13. Notary Commission expires
Sept 24 - 1956	Laurence du mola	- June 30 1957
APPLICANT	- DO NOT WRITE RELOW THIS LINE	,
Type of Document	By whom issued and signed Odgen. Udah #11836	Date Issued Date Orig. Entry
Child's birth certificat	e Vital Statistics	Sept. 5, 56 March 3, 19
Date of Birth Birth Place	Full Name of Mother	Name of Father
Age 28 Idaho		
Type of Document	By whom issued and signed	Date issued Date Orig. Entry
Chunch Doored	Salt Lake City Utah	Aug. 13, 56 July 1, 19
Date of Birth Birth Place	Full Name of Mother	Name of Father
November   Bingham County	¥¥ 0	
1 22. 1891 Ammon. Idaho		Horace N. Owen
Type of Document	By whom issued and signed	Date issued Date Orig. Entry
Affidavit by Uncle	Charles H. Owen	Sept. 25, <b>195</b> 6
	Full Name of Mother	Name of Father
	la Mara Nattia Ol	Manage Wather to a
22, 1891 Idano Falss, Ida	ino Mary Nettle Shurt	11ff Horace Nathaniel Own
I hereby certify that no prior hirth a	ertificate has been found in the	Division of Vital Statistics for this
registrant and that documentary eviden foregoing abstract.	ce has been reviewed, which subst	antiates the facts as set forth in the
State Registrar	Evidence reviewed by	Date Filed
Orace Hodischar		
W WBerson	Verna Wilson	Oct. 3,1956
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REGI STRANT	1. Registrant	s Full Name at Birth of Vital Statistics		2. Date	(month)	(day)	(year)
irth is heing	Bessie	Stepnens		Of Birt	n October	9	1891
registered)	3. Color or Rad White	Female 5. Place	of Birth a. County Idaho		b.city or Town Clearwater		
FATHER	6. Full Hame of	f Father		7. Stat	e or Country of	Father's	Birth
	Allen D	aniel Stephens		Fer	ris County	. Texa	s
OTHER	8. Full Maiden	Name of Mother		9. Stat	e or Country of	Mother's	Birth
	Mary An	n Rie <b>bol</b> d		Nev	ada, Calif	ornia	
AFFIDAVIT	I hereby decia	re upon oath that the	10. Signature of Registrant		11. Present Add	iress of R	<del>-</del>
	best of my know	wiedge and belief.	Bearie Leu	للمعهد	Sceptre	Sacka	tehewan_
OTARY (Seal)	Subscribed and	sworn to before me on	12. Signature of Notary	h	13. Notary Com	ission ex	pires
	28 84	blanker 1956	Martin		Sceptie  13. Notary Com  My Commun	em ha	no action 19 date
	<u> </u>	APPL I CAN	T- DO NOT WRITE BELOW THIS	LINE			
SUPPORTING RECORD 1-	Type of Documen	nt	T- DO NOT WRITE BELOW THIS By whom issued and signed Spokane, Washin	bton	Date issued		rig. Entry
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class*_B	Date of Birth October 9, 1891	Clearwater, Ida		1.6			Stephe
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_	Date of Birth	Birth Place	Full Name of Mother		Name of Fati	100	
classB	A 0	Taloka	Mary Stevens		A110m	Ctorron	
SUPPORTING	Age 8 Type of Document	l Idaho	By whom issued and signed		Date issued	Steven Date 0	ria. Entry
RECORD 3-		e Record	Vancouver 3, B. British Ins. Co. Full Name of Mother	C.	Jan. 15	1	_
_	Date of Birth	Birth Place	Full Name of Mother		Name of Fati	er	
classB	Oct. 9,18	91					
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REGISTRAR'S CERTIFICATION (seal)	i hereby certi- registrant and foregoing abst	that documentary evide	certificate has been found ince has been reviewed, which	n the Div substant	ision of Vital : iates the facts	as set to	rth in the
, 1	State Registra	ζ	Evidence reviewed by			Date Fi	ed
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666-111	RECEIVEBELAYED	CERTIFICATE OF BIR	TH	State Fil	le No. De56-1098
Bepartment of I	with Health 19 356	STATE OF IDAHO		Local Reg	g. No
Boise, Jaho .	4			Reg. Dis	t. No
REGI STRANT	1. Res Pithiop of Fith Windstate Birth		2. Date	(month)	(day) (year)
(Person whose	Francis Joseph Fowler		Of Birth	December 1	11 189 <b>1</b>
Birth is being registered)	3. Color or Race 4. Sex 5. Place	of Birth a. County	b.	City or Town o	
	White male Lago	o Caribou		Lago, Idal	ho.
FATHER	6. Full Name of Father		7. State o	r Country of F	ather's Birth
	Joseph Thomas Fowler			England	
MOTHER	8. Full Maiden Name of Mother		9. State o	r Country of M	other's Birth
	Mary Elizabeth Turner	romais Joseph Jan	len	England	
AFFIDAYIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11	_	Tdoba
MATANY (Carl)	Subscribed and sworn to before me on	12. Signature of Notary	12	. Notary Commis	Idaho.
NOTARY (Seal)	Superined and amount to belove me on	12. Organization of Rolling	**	. <del>.</del>	·
	August 2-1956 19	Col 20 2 15 3		January 2	<u>19 57</u>
	APPLICANT	1 — / — — — — — — — — — — — — — — — — —		<del></del>	
SUPPORTING	Type of Document	P DO NOT WRITE BELOW THIS LIBY whom issued and signed Trout Creek, Ida	· .	Date issued	Date Orig. Entry
RECORD 1-	Certificate of Baptism	L.D.S. Church	110	Feb. 5.	1915
	Date of Birth Birth Place	Full Name of Mother		Name of Fathe	r
Class* B	December	Mary E. Turner Joseph Fow.			Fowl on
	11,1891 Idaho	Mary E. Turner		Date issued	Date Orig. Entry
SUPPORTING RECORD 2-		By whom issued and signed Boise, Idaho Idaho Mutual Bene:	~ 1 L		
	Insurance Policy		110	Septembe	r 21, 1936
atana B	Date of Birth Birth Place December	Full Name of Mother		Name of Father	r
ClassD	11,1891 Lago, Idaho				
SUPPORTING	Type of Document	By whom issued and signed		Date issued	Date Orig. Entry
RECORD 3-	Affidavit	1 A		Octobon	17 1056
	Date of Birth Birth Place	Anna Rasmussen Full Name of Mother		Name of Father	17, 1956
Class_B	December	1			
	11, 1891 Lago, Idaho	Mary Elizabeth	Turner	Joseph T	homas Fowler
QUALIFYING INFORMATION					
					-M-Alas Can Abia
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth or registrant and that documentary evides foregoing abstract.	certificate has been found in nce has been reviewed, which s	the Divisi Bubstantiat	on or vital States the facts a	atistics for this s set forth in the
(seal)	State Registrar	Evidence reviewed by			Date Filed
	1)	vr Verna Wilso	าท		Oct. 22,1956
	- or orrow	VOI DA WII SC			001. 22,1930
TClass A Recor	ds are those made and dated before the	Registrant's Tourth Dirthday.			

Class B Records are those made after the fourth birthday but are at least 5 years old.

HTHIR TO STADISH THE OF BIRTH State alle in LECE-1628 OHARL ST SIDES 2. 241.0 Test1 [X 05] 1991 II reconsors in 1991 APT IS TO MAN TO 4. . . . . . . windows Africa To acob 6 2 Lago, dano. it state or Country or rather's Birth tender of the tender e the committee of Mathema Blate instance of Registrat if hereby declars and the the ign & concre of high atrent TIVIOTE See of each Charles to the to the ... led tra to a wear to to trad Grace, Ioano. . Hotary Opprisation and its no se evolet to energy and and energy to terror us on TIBLES TO SHOTBER ID the line late with birty Irout Lives. Pen. 5. 1915 me II all to a confirm t redtai to emi stale divide nivide to want Type of to caper Bear ofer erre litte stat lay shop indust of a one of Penerit eptember 21. 1836 The Bance Tolkey Seed of Perber full same of bother as ife their thrill to stall Cote i aved Dete Oil State bear a seasonasi com e Trees of to east 12/7R0499 · Company The office of the series Market to make the Trhrasa. 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فرسانه -	white	fem.	Idaho			nesee			
ATHER	6. Full Name of F		7. State or Country of Father's Birth						
	John Eaton Grow					Wisconsin			
OTHER	8. Full Maiden Na	me of Mothe	r		9. State	or Country of	Mother's Bi	rth	
	Jennie Smi	th				gon City, O			
AFFI DAVI T	I hereby declare above statements			Signature of Registran	t .	11. Present Add	dress of Reg	istrant	
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	Child's bi	rth cert		140.		March 29,19		
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REGISTRAR'S	I hereby certi	fy that no pri	or birth certificate has been found	in the Divis	ion of Vital St	atistics for this		
CERTIFICATION	registrant and	that document	ary evidence has been reviewed, whi					
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	i hereby declare a above statements a best of my knowled	upon oath that are true to th	t the 10. Signature of Registr	rant 1	1. Present Addres	ss of Registrant - Fagle sion expires
IOTARY (Seal)	Subscribed and swith		me on 12. Signature of Rotary  56  MM Hagel L.			19 <u>60</u>
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ECORD 1.	Affidavit by		Margarette E. Wor		6-18-1942	June 18, 1942
lass*_B	Date of Birth Bir May 8,1891 St		Full Name of Mother Jemmima Andosia	Conner	Name of Father James L.	Avres
NPPORTING RECORD 2.	Type of Document Family Bible	-	By whom issued and sign	ned	Date issued	Date Orig. Entry obviously old the Original
lass_B	Date of Birth Bir May 8,1891 S		Full Name of Mother		Name of Father	Re
SUPPORTING RECORD 3-	Type of Document		By whom issued and sign Oregon Life Insur	ned rance Co.	Date issued	Date Orig. Entry
	Insurance Pol:		of Portland, Oreg	zon	Nov 21,1923	
lass_B	May 8, 1891		, "		Name of Pather	
UALIFYING NFORMATION			<u> </u>			
REGISTRAR'S CERTIFICATION (seal)	registrant and the foregoing abstract	at documentary	birth certificate has been four y evidence has been reviewed, w	nd in the Divis hich substantia	tes the facts as	set forth in the
	State Registrar		Evidence reviewed by		Date Filed	
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Birth is being registered)	d) 3. Color or Race 4. Sex 5. Place			of Birth a. County b.			b.City or Town	of Birth	
	6. Full Name o	male				Falls now H			
FATHER	1						e or Country of		
HOTHER	Henry Smalley  R 3 Full Maiden Name of Mother							USA at age of	
TOTHER	Winnle E.	Richards			9. State or Country of Mother Pennsylvania				
AFFIDAVIT =		re upon oath ti ts are true to		10. Signatur	e of Registran	t	11. Present Add	ress of Registrent	
		wiedge and bei		Rall	A. Khan	elley	RFD#1	Buhl, Idaho	
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	April 2	7.	19 <u>56</u>	Jan 1	<b>3</b> , 2	tuan	February 4	<u> </u>	
			APPLICANT	DE NOT WE	ITE BELOW THIS	LINE			
SUPPORTING RECORD 1-	Type of Docume			Genera	TE BELOW THIS wed and signed 1 Service:	S	Date Issued	Date Orig. Entry	
	Registrat	tion for I	raft	Admini	<u>stration</u>			June 5,1917	
~	Date of Birth Aug. 13,	Birth Place		Full Name o	f Mother		Name of Fath	er e	
Class*_B	1891,	Hagerman,	Idaho						
SUPPORTING	Type of Document			By whom issued and signed			Date issued	Date Orig. Entry	
RECORD 2.	Insurance Record			Idaho Mutual Benefit Association				8/26/1940	
	Date of Birth Birth Place			Full Name of Mother			Name of Father		
Class_B	Aug. 13,	77	Tables						
SUPPORTING	Type of Docume	Hag <b>er</b> man,		Ry whom is a	ued and signed	!	Date Issued	Date Orig. Entry	
RECORD 3-	Affidavit by neighbor at time of birth						1		
	at time of birth  Date of Birth Birth Place			Winnie Newman			1/9/1957		
class_B_	Aug. 13,	BIFTH PIACE		Pull Name o	rmotner		Name of Pathe	)F	
	1891	Hagerman,	Idaho	Winnie	E. Small	еy	Henry S	malley	
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REGISTRAR'S CERTIFICATION	hereby certi   registrant and   foregoing abst	that documents	or birth carry eviden	ertificate h ce has been	as been found reviewed, whic	in the Div h substant	ision of Vital Si lates the facts o	atistics for this as set forth in the	
(seal)	State Registre			Evidence r	eviewed by			Date Filed	
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WHITE

3. Color or Race 4. Sex

CHARLES E. FALER

8. Full Maiden Name of Mother

! hereby declare upon oath that the

Subscribed and sworn to before me on

above statements are true to the

best of my knowledge and belief.

FAMILY BIBLE RECORD

Register for Election

Date of Birth Birth Place

Child's Birth Certificate Date of Birth Birth Place

Idaho

Date of Birth Birth Place

6. Full Name of Father

ZURAH M. HUNT

Type of Document

November 14.

Type of Document

Type of Document

foregoing abstract.

State Registrar

1891

Age 19

Age 34

Birth is being

registered)

FATHER

MOTHER

AFFI DAY! T

NOTARY (Seal)

SUPPORTING

SUPPORTING

SUPPORTING RECORD 3-

**QUALIFYING** IN FORMATION

RECORD 2.

RECORD 1.

a. County

BLAINE

10. Signature of Registrant

12. Signature of Notary

APPLICANT -- DO NOT WRITE BELOW THIS LINE By whom issued and signed

Full Name of Mother

Full Name of Mother

Full Name of Mother

Lodge Record issued by the Order of the Eastern Star in Shoshone, Idaho.

Evidence reviewed by

Shirley Cooper

on December 21, 1937. Her age at that time is given as 46.

MOTHER\*ZURAH M. FALER

Zurah M. Faler

State of Idaho #721

By whom issued and signed

By whom issued and signed

Lincoln County Recorder

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the

DELAYED CERTIFICATE OF BIRTH STATE BOARD OF HEALTH Division of Vital Statistics STATE OF IDAHO Boise, Idaho 1. Registrant's Full Name at Birth REGISTRANT (Person whose Birth LOTTIE FALER

19 57

Ketchum, Idaho

FEMALE

5. Place of Birth

2. Date

b.City or Town of Birth

KETCHUM, IDAHO

7. State or Country of Father's Birth

9. State or Country of Mother's Birth

SHOSHONE, IDAHO

13. Notary Commission expires

ILLINOIS

MONTANA

Of

(month)

NOVEMBER

(day) (year)

14.

1891

State File No. De

11. Present Address of Registrent

Date Issued Date Orig. Entry NEAR TIME OF BIRTH

Date issued Date Orig. Entry

Charles E. Faler

Child's Birthdate

July 15, 1911

Name of Father

Date issued

Mame of Father

Viewed by Vital Statistics

Name of Father Appears Very Old.

Date Orig. Entry

Date Filed

1-18-57

September 28,

053

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FORM BH 56067

REGISTRAR'S CERTIFICATION

(seal)

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Bolse, Idaho REGISTRANT	1. Peciatrent's	Full Name at Birth		2. Date	Reg. Dist	(day) (year)
(Person whose	,		•	Of	•	
Birth is being		l Waylett Thomas	of Birth a.County	Birth	September	
registered)	3. Color or Rac White	1 -	of Birth a.County Väteyhome Oneida	1	City or Town of	
FATHER	6. Full Name of		TOTAL MIGHT	7. State o	Malad City or Country of Fa	ither's Birth
	Ben jar	min D. Thomas		Corin	me. Ttak	
MOTHER	8. Full Maiden	Name of Mother		9. State	r Country of Mo	ther's Birth
		da Ann Waylett		Brig	ham City, Ut	ah
AFFI DAVIT		e upon oath that the s are true to the	10. Signature of Registrant	0 11	L. Present Addre	ess of Registrant
7		ledge and belief.	Daniel Wassett of	homos	Small, Ida	ho
NOTARY (Seal)	Subscribed and	sworn to before me on	Daniel Warfelt ) 12. Signature of Actary	13	3. Notary Commis	ssion expires
	July 21st	19 <u>56</u>	Walle	-  -		<u>19.57</u>
		APPLI CAN	TO NOT WRITE BELOW THIS	LINE	Thata I saud	Data Ania Batay
SUPPORTING RECORD 1.	Type of Documen		By whom issued and signed Bureau of Vital S Idaho File #58847	tatisti	¢ş	Date Orig. Entry
-		ertificate	Idaho File #58847		April 21	1918
class* B	Date of Birth Age 26	Idaho	Pull Name of Mother		Name of Patner	-
SUPPORTING	Type of Documen	t	By whom issued and signed		Date issued	Date Orig. Entry
RECORD 2-	Affidavit	by brother	William Henry Tho	mas	July 21,	1956
n	Date of Birth	Birth Place	Full Hame of Mother		Name of Father	
ClassB	September 1891	Ma1ad City,Ida	. Matilda Ann Wayl	ett	Benjamin	D. Thomas
SUPPORTING	Type of Documen	t	By whom issued and signed		Date issued	Date Orig. Entry
RECORD 3-	of Drive	on for Renewal r's License	Dubois, Clark Co	Ida.	1/16/57	6/26/45
ClassB	Sept. 24, 1891	Birth Place	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION			•			
REGISTRAR'S CERTIFICATION (seal)	I hereby certif registrant and foregoing abstr	that documentary evide	certificate has been found in the has been reviewed, which	n the Divisi substantia	ion of Vital States the facts as	utistics for this set forth in the
( seat )	State Registra		Evidence reviewed by	<del></del>		Date Filed
	Wul	Janson	vr Shirley	Straubh	ar	Jan. 25, 19

ENS DELAYED CENTERIONTE OF BIRTH 接記**は、**『Live』、はっぱっかは絶 WAR OF TEAM AND THE PROPERTY OF etal . gavod idely a felica FEBE. registeren & Bilde er tint gi ber | & Place et girth advite to most to veloci and Athense chies commissioni or their three of motion a direct ning ned The Halden Rate of to Late duffi (122) mobile the reason to exertisk these street The same with the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems to the same seems t in Signature of Papierrunt est of our town the true to the Sent of my knowledge as an an wall, Main M. 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Thomas Date Office Tears Deura ain becols the bores i same vil camped to soci red to file seal file 35177·丝红 mediatrics in the state of the state capitalizate has been come in the filtricial of the state of the filtrication of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the . res toda ache oto -£4.52.2 5.40 Evidence reviewed of Wan 2 Last Panderid artworestantories of all times beste the stan send and absorbed a resident ciars B sounds and things much after the fact to be the about at longer 5 near 5 con

469-103-036-689

DELAYED CERTIFICATE OF BIRTH

State File No. De 57-139

|Feb. 13, 1957

STATE BOARD OF HEALTH Division of Vital Statistics STATE OF IDAHO Boise, Idaho 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (day) (vear) Qf 1891 (Person whose December 3. William Andrew Morrison Birth Birth is being 3. Color or Race M. Sex 5. Place of Birth b.City or Town of Birth registered) a. County Oneida White Franklin, Idaho 6. Full Name of Father 7. State or Country of Father's Birth FATHER Franklin, Idaho Joseph S. Morrison 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Franklin, Idaho Mary Whitehead 11. Present Address of Registrent I hereby declare upon oath that the 10. Signature of Registrant **AFFIDAVIT** above statements are true to the William andrew aportion 549 Stansbury, Pocatello, Ida. best of my knowledge and belief. 13. Notary Commission expires 12. Signature of Notary Subscribed and sworn to before me on NOTARY (Seal) Junel. 19 57 1957 January 15. APPLICANT DO NOT WRITE BELOW THIS LINE By whom issued and signed Date | saued Type of Document Date Orig. Entry SUPPORTING Marsh Center Ward, Ida. RECORD 1-Certificate of Ordination 11-19-1906 Date of Birth Birth Place Full Name of Mother Name of Father Oneida County Dec. 3. Jos. S. Morrison Franklin. Idaho Mary Whitehead 1891 By whom issued and signed Date issued Date Orig. Entry SUPPORTING Type of Document County RECORD 2-State of Utah/of Weber 2-6-24 2-1-57 Marriage License Date of Birth Birth Place Full Mame of Mother Name of Father Dec. 3. J.S. Morrison Mary Whitehead Franklin, Idaho 1891 By whom issued and signed Sterling Casualty Date issued Date Orig. Entry Type of Document SUPPORTING RECORD 3. 12 - 27 - 37Insurance Policy Insurance Co. Name of Father Date of Birth Birth Place Full Name of Mother Dec. 3. 1891 QUALLEY XXG- -NO ITAMAGRAII I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this PEGI STRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed Evidence reviewed by

Shirley Straubhar

State Registrar FORM BH 56067

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DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO 2. Date Of 3. Color or Race A. Sex 5. Place of Birth a. County Mala Custer William Bradshaw

Roy Bradshaw

1. Registrent's Full Name at Birth

STATE BOARD OF HEALTH Division of vital Statistics Boise, Idaho REGISTRANT

White

1891

age 28 Type of Document

age 35

foregoing abstract.

State Registrat

Type of Document

Marriage License Date of Birth Birth Place

Date of Birth Birth Place

6. Full Name of Father

8. Full Maiden Hame of Mother

Elizabeth Thomas

I hereby declare upon oath that the

Subscribed and sworn to before me on

January 14 1957

Type of Document Affidavit by Neighbor of

parents at time of Birth Date of Birth Birth Place Aug. 29, Custer County,

Son's Birth Certificate

Tdaho

Idaho

above statements are true to the best of my knowledge and belief.

(day) (year)

(month) 29 1891 August

11. Present Address of Registrent

February 25 1958

William Bradshaw

Date Orig. Entry

Date Orig. Entry

12-20-1919

Child born

12-7-26

Date Filed

Feb. 14, 1957

Clayton, Idaho 13. Notary Commission expires

ate	File	No.	De5	7-1	.48

#### Birth b.City or Town of Birth Dickey, Idaho 7. State or Country of Father's Birth

10. Signature of Registrant

Mildred Brow

Elizabeth Thomas Bradshaw

#150247

12. Signature of Notary

APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed

Full Mame of Mother

Full Name of Mother

Full Name of Mother

Tdaho

SS

Thomas Howe11

By whom issued and signed

By whom issued and signed

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this

registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the

Shirley Straubhar

Evidence reviewed by

Custer Co.. Idaho

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Wales

9. State or Country of Mother's Birth

Wales

Date Issued

1-17-57

Date issued

Date issued

Name of Father

1-15-57

Name of Father

Name of Father

ate	File	No. De57-1

(Person whose

registered)

FATHER

MOTHER "

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MOTARY (Set!)

SUPPORTING RECORD 1.

SUPPORTING RECORD 2.

SUPPORTING RECORD 3.

**QUALIFYING** IN FORMATION

REGISTRAR'S

**CERTIFICATION** 

(seal)

FORM BH 56067

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STATE BOARD OF HEALTH

Boise, Idaho

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De57-237

Mar. 9, 1957

1. Registrant's Full Name at Birth 2. Date **REGISTRANT** (month) (day) (year) (Person whose Birth September 11 1891 Horace Benjamin Hyde Birth is being 5. Place of Birth 3. Color or Race 4. Sex b.City or Town of Birth a. County registered) Male Lemhi Ranch near Salmon White 6. Full Name of Father 7. State or Country of Father's Birth FATHER Albany Vermont George Washington Hyde 8. Full Maiden Hame of Mother 9. State or Country of Mother's Birth MOTHER Albany Wisconsin Sarah Minert I hereby declare upon oath that the 11. Present Address of Registrent 10. Signature of Registrant AFFI DAVI T above statements are true to the best of my knowledge and belief. 12. Signature of No. Salmon. Idaho 13. Notary Commission expires NOTARY (Seal) Subscribed and sworn to before me on February 27 February 5th 19 57 19 60 APPLICANT NO NOT WRITE BPOW THIS LINE Date issued Date Orig. Entry Type of Document SUPPORTING Affidavit by Family RECORD 1-Floyd R. Goode11 1 - 21 - 57Friend Sept. 11, Lemhi County 1891 Salmon, Idaho Full Name of Mother Name of Father George Washington Hyde Sarah Minert Date issued Date Orig. Entry Type of Document By whom issued and signed SUPPORTING Western States Benefit RECORD 2. Insurance Policy 12-6-45 Association Name of Father Date of Birth Birth Place Full Name of Mother Sept. 11 Salmon, Idaho 1891 Type of Document Date issued Date Orig. Entry By whom issued and signed SUPPORTING RECORD 3-2-25-57 2-18-1928 Marriage License Lemhi Co., Idaho Full Name of Mother Mame of Father Date of Birth Birth Place , age 36 OUNLAFAH NG HI FORHATION hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Date Filed

Evidence reviewed by

ss Shirley Straubhar

State Registrar

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STATE BOARD OF HEALTH

FORM BH 56067

Division of vital Statistics

DELAYED CERTIFICATE OF BIRTH

State File No. De57-245

STATE OF IDAHO Boise, Idaho 1. Registrant's Full Name at Birth 2. Date **REGISTRANT** (month) (day) (year) Of (Person whose Birth Feb. 28 1891 Elsie Theresa Merrill. Rainev. Birth is being 3. Color or Race 4. Sex 5. Place of Birth a. County b. City or Town of Birth registered) U.S.A. Female Fremont (now Jefferson Menan. Idaho White 6. Full Name of Father 7. State or Country of Father's Birth FATHER Elias Sylvanus Merrill 8. Full Maiden Name of Mother Utah, U.S, A.
9. State or Country of Mother's Birth MOTHER Sarah Melvina Scott Utah. U.S.A. I hereby declare upon oath that the 10. Signature of Registrant 11. Present Address of Registrent AFFI DAVI T sie Theusa Rainey above statements are true to the 13. Notary Commission expires best of my knowledge and belief. 12. Signature of Notary NOTARY (Seal) Subscribed and sworn to before me on July 12 19 55. August 4m Searge 741 APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed Date saued Date Orig. Entry Type of Document SUPPORTING Affidavit by old family RECORD 1. Jacob A. Duffy 3 - 4 - 57acquaintance age 76 Pate of Birth Birth Place Feb. 28, Jefferson Co., 1891 Menan, Idaho Full Name of Mother Name of Father Elias Sylvanus Merrill Sarah Melvona Scott Date Orig. Entry Date issued Type of Document By whom issued and signed SUPPORTING Gem State Mutual Life RECORD 2. 7-15-38 Insurance Policy Association Date of Birth Birth Place Name of Father Full Name of Mother Feb. 28. 1891 Meman. Tdaho By whom issued and signed
Annis Ward, Lorenzo,
L.D.S. Type of Document Date issued Date Orig. Entry SUPPORTING RECORD 3. Church Record 2-14-57 6-30-1900 Date of Birth Birth Place Name of Father Full Name of Mother Feb. 28. Elias S. Merrill 1891 Menan. Idaho | Sarah M. Scott OUSALTIFY'ING IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. `{seal} Date Filed State Registran Evidence reviewed by March 12, 1957 Shirley Straubhar

MISTER OF THE DETERMENT State Hills STATE OF LUXUE 25112115 . ALLEN Annal of the little of the latest and the THALL apole e vente : o trimes to els: the state of Country of speller's died. S. Sull no. ton vent of the . S. Interitational to specially these are the series of the series of the series of the old bac not been very a feet estima noine como alles es Carried Wine Land or region to before as an - THE PARTY OF STREET with claration to markly have to an investment TIT Name of St Line section and so price at the contribution for state of the five five five the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state the rest of the test of the test of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the select of the sele THE GOOD No beautiful a met TALE TALL

STATE BOARD OF HEALTH

Division of Vital Statistics .

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DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-284

Boise, Idaho 1. Registrant's Full Name at Birth 2. Date (month) (day) (year) REGI STRANT Of {Person whose August 26 Birth 1891 Frederick Jasper Vancil Rirth is being 3. Color or Race L. Sex 5. Place of Birth b.City or Town of Birth registered) a. County Male Bidahford, Blaine Broadford. White 7. State or Country of Father's Birth 6. Full Name of Father FATHER Jefferson County, Illinois Eli L. Vancil 9. State or Country of Mother's Birth 8. Foll Maiden Name of Mother MOTHER Kentucky Temperance Furby 10 .- Signature of Registrant 11. Present Address of Registrant 1-hereby deciare upon oath that the AFFI DAVI T above statements are true to the Hailey. Idaho best of my knowledge and belief. 12. Signature of Notary 13. Notary Commission expires Subscribed and sworn to before me on NOTARY (Seal) March 11 19 57 APPLICANT DO NOT WRITE BELOW THIS LINE.
By whom issued and signed Date issued Date Orig. Entry Type of Document SUPPORTING Application for Social RECORD 1. 12-3-36 U.S. Treasury Dept. Security Account No. Date of Birth Birth Place Full Hame of Mother Name of Father Aug. 26, 1891 Elie L. Vancil Broadford, Idaho Temperance Furby By whom issued and signed Date issued Date Orig. Entry Type of Document SUPPORTING RECORD 2. Fay Ella McVicker 8-30-56 Affidavit by Sister Name of Father Full Hame of Mother Date of Birth Birth Place Aug. 26, Broadford, Temperance Furby Vancil Eli L. Vancil 1891 Tdaho By whom issued and signed Date issued Date Orig. Entry Enlisted Type of Document SUPPORTING RECORD 3-1-25-1919 6-28-1918 U.S. Army Full Name of Mother Army Discharge Date of Birth Birth Place age 26 Broadford, Mame of Father 4/12 mo. Idaho QUALIFXING IN FORMATION

REGISTRAR'S
I hereby cartify that no prior birth certificate has been found in the Division of Vital Statistics for this certification registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Evidence reviewed by

1 COPY PN.

State Registres

Shirley Straubhar Mar. 19, 1957

Date Filed

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SI ercadford. dation to the of the or or of the Tollareon County\_Illinois Tancilla Control dielice and or the street as the same xdoutes. CATABLE N. S. MART THE PARTY RE and the court will a second to the court of a lebe . - - I sait eries une embridur et 1. 1986 No les miles me MILETE POLICE TION TO A A CONTRACTOR Author for Social 12-8-51 A TRUDUS "11 s. In sec. Elfe L. certi. Broadford .. daiin Panacrage Furly 2 - 17 57 MAN TO SEE SEE SEE SEE SEE mately a little are affidients by Sister 05-16-7 TREE TO VOLVE the state of the .breibacett , to .e.c. Links dated Temperance Furth Recel bearing how become make to 1-25-1913 6-28-4016 62 Talioziii Ymae , and the desired the second oded L. D. Carling the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co EV TERCO THAN PROCESS water to me the contract of the

STATE BOARD OF HEALTH

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De57-323

Division of Vital Statistics Boise, Idaho 1. Registrent's Full Hame at Birth 2. Date (month) (day) (year) **REGISTRANT** ٥f 1891 (Person whose 21 Parley Allen Harmon Rirth Birth is being 3. Color or Race 4. Sex 5. Place of Birth b.City or Town of Birth registered) a. County Male Lewisville.Fremont Lewisville. Idaho. White 6. Full Name of Father 7. State or Country of Father's Birth Henry Martin Harmon Utah. 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Märgaret Lovina Myler Utah AFPIBAVIT - I hereby declare upon oath that the 10. Signature of Registrant 11. Present Address of Registrent above statements are true to the best of my knowledge and belief. Glenns Ferry Idaho 12. Signature of Notary 13. Notary Commission expires Subscribed and sworn to before me on NOTARY (Seal) March 4th 1957 APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed
Kilgore Ward, Date issued Date Orig. Entry SUPPORTING Type of Document RECORD 1-Aug. 19.1917 Certificate of Ordination Yellowstone Stake Date of Birth Birth Place Lewisville, Full Name of Mother Name of Father Henry M. Harmon Margaret L. Myler 1891 Tdaho Date Orig. Entry By whom issued and signed Type of Document Date issued SUPPORTING RECORD 2-3-23-57 Affidavit by Relative H.J. Harmon Date of Birth Birth Place Feb. 21, Lewisville, Full Hame of Mother Name of Father Margaret Lovina Myler Henry Martin Harmon 1891 Idaho Harmon By whom issued and signed Date issued Date Orig. Entry Type of Document SUPPORTING RECORD 3-Fremont Co., Idaho 3-1-57 10-6-1915 Marriage License Name of Father Date of Birth Birth Place age 24 By Whom Issued QUALIFYING-Type of Document Date Issued IN FORMATS ON Lodge Record Elmore Co., Benevolent Society 3-23-57 Original Entry age at that time- 42 4-19-1933 I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION. foregoing abstract. Lseal. Date Filed Evidence reviewed by State Registrar Shirley Straubhar March 28, 1957

FORM BH 56067

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DELAYED CERTIFICATE OF BIRTH

State File No. De57-422

5-10-18

Date Originative Entry Entry En11sted 7-12-16

Date Orig. Entry

STATE BOARD OF HEALTH STATE OF IDAHO Division of Vital Statistics Boise, Idaho

1. Registrent's Full Name at Birth 2. Date (month) (day) (year) **REGISTRANT** December 1891 Clark Haggard Morris Of 4th (Person whose Birth Birth is being 5. Place of Birth 3. Color or Race 4. Sex a. County b.City or Town of Birth registered) Star. Ada County. Idaho white male Star 6. Full Name of Father 7. State or Country of Father's Birth **FATHER** 

Bloomington, Illinois Rev. James Perry Morris

8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Lake Geneva, Wisconsin Nellie Alida Moore

10. Signature of Registrant 11. Present Address of Registrent 3839 Turkeyfoot Road, S. I hereby declare upon oath that the **AFFIDAVIT** above statements are true to the

best of my knowledge and belief. Akron 19.0hio 13. Notary Commission expires Subscribed and sworn to before me on NOTARY (Seal)

Date Orig. Entry Date issued

APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed Type of Document SUPPORTING Ada County Recorder. RECORD 1. Marriage record Idaho

Date of Birth Birth Place Full Name of Mother age 26 Star, Idaho

By whom issued and signed Type of Document SUPPORTING

RECORD 2. Honorable Discharge U.S. National Guard Date of Birth Birth Place enlistment Full Name of Mother

Star, Idaho age 24 Type of Document By whom issued and signed SUPPORTING RECORD 3-

Application for Social Security Account Number Treasury Department Full Name of Mother Date of Birth Birth Place Ada County

Dec. 4, Star. Idaho Noterized Affidavit by sister, Ethel M. Cassel, born 8-21-188h; used as "Affidavit

foregoing abstract. State Registrs

Dec. 19, 1941 Name of Father Nellie Alida Moore James Perry Morris

2-12-57

Date issued

8-14-17

Name of Father

Date issued

Name of Father

in lies of Birth Certificate" for employment May 6, 1942; notarized 3-31-42: That Clark H. Morris was born Dec. 4, 1891 in Star, Ada Col Ida to James P. & Nellie

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Date Filed Evidence reviewed by

nr

Nancy Richards

April 17, 1957

QUALIFYING

IN FORMATION

REGISTRAR'S CERTLFICATION

(Seal)



85/-279-029-355

STATE BOARD OF HEALTH
Division of Vital Statistics

### DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-451

April 24, 1957

State Registra		Evidence reviewed by			Date Filed
registrent and foregoing abate	that documentary ract.	evidence has been reviewed, which	n the Divi substanti	sion of Vital S ates the facts (	as set forth in the
May 29, 1891	Idaho	Anna Tierney		Daniel H	leal <b>e</b> y
Date of Birth	Birth Place	Full Name of Mother	on	Hame of Fathe	
		St. Ignatius Hospit	al	3_7_57	Nov. 23, 192
<u> </u>		By whom issued and signed		Date issued	Date Orig. Entry
May 29.					
L		Genesee, Idaho	IOT.CII	4-9-57	June 28, 189
1		By whom issued and signed St. Marryls R C Ch	mrob	Date issued	Date Orig. Entry
1891	Genesee, Ida			Daniel He	
Date of Birth	Birth Place	Full Name of Mother		Name of Fath	er
		William J. Tierney		3-21-57	
Type of Documer	born 12-28-1	873 By whom issued and signed	LUIE	Date Issued	Date Orig. Entry
MARCH 2	21 19	57 puschuedes	$\searrow^{U}$	Nov. 17	1959
Subscribed and	sworn to before m			13. Notary Comm	
above statement	ts are true to the	Managet Je	June	ROUTE 2, CO	LFAX, WASHINGTO
		the 10 Signature of Pegistrant			ress of Pegistrent
			1	•	Mother's Birth
DANIEL HEALY			COUNT	Y KERRY, IR	ELAND
WH 6. Full Name of	f Father	ENESEE, IDAHU LATAH			
1*				b.City or Town	
			Of Birth	MAY	29 1891
T. Kedistlent.	s Full Name at Bir	TN	2. Date	(month)	(day) (year)
	MARGARI  3. Color of Marie WH  6. Full Name of DANIEL  8. Full Haiden  ANNIE 1 I hereby declar above statement best of my know Subscribed and  MARCH 2  Type of Documer Affidavit Date of Birth May 29, 1891  Type of Documer Baptismal  Date of Birth May 29, 1891  Type of Documer Statement  Date of Birth May 29, 1891  Type of Documer Statement  Date of Birth May 29, 1891  Type of Documer Statement  Date of Birth May 29, 1891  Type of Documer Statement  Date of Birth May 29, 1891	MARGARET HEALY  3. Color of Marce 4. Sex WH R G  6. Full Name of Father  DANIEL HEALY  8. Full Maiden Name of Mother  ANNIE TIERNEY  I hereby declare upon oath that above statements are true to the best of my knowledge and belief.  Subscribed and sworn to before m  MARCH 21 19  Type of Document born 12-28-3  Affidavit by Uncle Date of Birth May 29, 1891 Gene see, Idan  Type of Document  Baptismal Certificate  Date of Birth Birth Place May 29, 1891 Gene see, Idan  Type of Document  Statement from Hospital  Date of Birth Birth Place May 29, 1891 Gene see, Idan  Type of Document  Statement from Hospital  Date of Birth Birth Place May 29, 1891 Idaho  I hereby certify that no prior b registrant and that documentary foregoing abatract.	MARGARET HEALY  3. Color of the 4. Sex S. Place of Birth a. County WH GENESEE, IDAHO LATAH  6. Full Name of Father DANIEL HEALY  8. Full Maiden Name of Mother ANNIE TIERNEY  1 hereby declare upon oath that the best of my knowledge and belief.  Subscribed and sworn to before me on MARCH 21  19 57  MARCH 21  19 57  MARCH 21  19 57  MARCH 21  19 57  MARCH 21  19 57  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21  MARCH 21	MARCARET HEALY  3. Color of Ree 4. Sex 5. Place of Birth a. County WH CENESEE, IDAHO LATAH  6. Full Name of Father DANIEL HEALY  8. Full Haiden Name of Mother 9. State CENESE 1 hereby declare upon oath that the above statements are true to the best of my knowledge and belief.  Subscribed and aworn to before me on MARCH 21 19 57  MARCH 21 19 57  MAPPLICANT DO HOT WRITE BELOW THIS LINE  Type of Document born 12-28-1873  Affidavit by Uncle William J. Tierney  Date of Birth Birth Place May 29, 1891  Genesee, Idaho  Date of Birth Birth Place Genesee, Idaho  Date of Birth Birth Place Genesee, Idaho  Type of Document Statement from Hospital  Date of Birth Birth Place Genesee, Idaho  Date of Birth Birth Place Full Name of Mother  Statement from Hospital Statement from Hospital Colfax, Washington  Date of Birth Birth Place Full Name of Mother  Anna Tierney  By whom issued and signed St. Marry's R. C. Church Genesee, Idaho  Full Name of Mother  Anna Tierney  By whom issued and signed St. Ignatius Hospital Colfax, Washington  Full Name of Mother  Anna Tierney  Anna Tierney  I hereby certify that no prior birth certificate has been found in the Diviregistrant and that documentary evidence has been reviewed, which substantiforegoling abarract.	MARGARET HEALY  3. Color of the s. Sex S. Place of Birth a. county GENESEE, IDAHO  4. WH GENESEE, IDAHO LATAH GENESEE, IDAHO  6. Full Name of Father  5. Full Heiden Rame of Mother  ANNIE TIERNEY  1 hereby declare upon oath that the batto of my knowledge and belief.  Subscribed and sworn to before me on MARCH 21  19 57  Type of Document born 12-28-1873  Affidavit by Uncle  APPLICANT DO NOT WRITE BRION THIS LINE  Type of Birth Birth Place May 29, Genesee, Idaho  Type of Document  Baptismal Certificate  Baptismal Certificate  Canada of Birth Birth Place May 29, Genesee, Idaho  Type of Document  Statement from Hospital  Colory Kerry, IR  9. State or Country of Country of GENESEE, IDAHO  13. Notary Comm  MACH 21  19 57  APPLICANT DO NOT WRITE BRION THIS LINE  By whom issued and signed  William J. Tierney  3-21-57  Date of Birth Birth Place May 29, Genesee, Idaho  Type of Document  Statement from Hospital  Colorax, Washington  3-7-57  Date of Birth Birth Place May 29, Idaho  Anna Tierney  Date lessed  St. Ignatius Hospital  Colfax, Washington  3-7-57  Bate of Birth Birth Place May 29, Idaho  Anna Tierney  Date lessed  St. Ignatius Hospital  Colfax, Washington  3-7-57  Rame of Fathe Anna Tierney  Date lessed  I hereby certify that no prior birth certificate has been found in the Division of Vital S registerant and that documentary evidence has been reviewed, which substantiates the facte of proepoing abbrract.

Nancy Richards

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799-217-001-719 DELAYED CERTIFICATE OF BIRTH STATE BOARD OF HEALTH State File No. De57-464 STATE OF IDAHO Division of Vital Statistics Boise, Idaho 1. Registrent's Full Mame at Birth 2. Date **REGISTRANT** (month) (day) (year) ٥f (Person whose Birth HUDUST Birth is being 3. Color or Race 4. Sex 5. Place of Birth b. City or Town of Birth a. County registered) Ada 7. State or Country of Father's Birth FATHER Emmanuel Pritchard England 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth **MOTHER** Lugene Emeline
I hereby declare upon oath that the 'exas 11. Present Address of Registrant 10. Signature of Registrant AFFI DAVI T above statements are true to the best of my knowledge and belief. Olympia, Wash
13. Notary Commission expires Subscribed and sworn to before me on 12. Signature of Notary NOTARY (Sea!) 1956 8 - 5 APPLICANT - DO NOT WRITE BELOW THIS LINE By whom issued and signed Type of Document Date Orig. Entry SUPPORTING Date | saued RECORD 1. -Affidavit by Brother Nov. 15. 1956 John Pritchard Date of Birth Birth Place Aug. 17, Full Name of Mother Name of Father 1891 Star. Idaho Eugene Emeline Pritchard Thomas E. Pritchard Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 2. Fred Anderson Supt of Schools Canyon County Nov. 14, 1956 School Record Sept. 12.1903 Date of Birth Birth Place Full Name of Mother Mame of Father Mrs. Pritchard age 12 Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING Gem of the Mountains Rebekah Lodge No. 5, Caldwell RECORD 3. Lodge Record 1-12-57 May 19, 1919 Name of Father Date of Birth Birth Place Full Name of Mother age 27 QUALIFYING .. IN FORMATION . Voting Record, Thurston Co., Washington, 6-11-38: Birthplace - Star, Idaho. hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTÉFI-GÀTION foregoing abetract. Iseal) Date Filed Evidence reviewed by State Registrar April 29, 1957 88 Nancy Richards FORM BH 56067

CONTROL SP 4-718 - T-88-24 To . 15-46 To 4 where the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of Constitute of the second Hora statute care to be the last the name book on to take the less an end and real ed. 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STATE BOARD OF HEALTH-

## DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De57-551

Division of Vital Statistics Boise, Idaho 1. Registrant's Full Name at Birth 2. Date REGISTRANT (mon th) (day) (year) Of 1891 (Person whose lie/Nonson Birth Birth is being 3. Color or Race 1. 5. Place of Birth a. County b.City or Town of Birth registered) White Frankle Preston Idaho, Franklin Preston 7. State or Country of Father's Birth FATHER dns Monson 9. State or Country of Mother's Birth MOTHER Esther Ellen lltah I hereby declare upon oath that the 11. Present Address of Registrent AFFI DAVI T 10. Signature of Registrant above statements are true to the best of my knowledge and belief. Preston Idaho Hansen 12/ Signatura of Notary 13. Notary Commission expires Subscribed and sworn to before me on NOTARY (Seal) apr. 30- 1957 APPLICANT DO NOT WRITE BELOW THIS LINE

By Preston of the lard, Oneida Type of Document Date | saued Date Orig. Entry SUPPORTING RECORD 1. Church Record Stake, LDS Church 7-31-56 Aug. 9, 1902 Date of Birth Birth Place Full Name of Mother Name of Father Franklin Co. Preston, Idaho April 23. 7807 Esther Harris Hans Monson Date issued Date Orig. Entry Type of Document By whom issued and signed SUPPORTING RECORD 2. Metropolitan Life Ins. Co. 3-30-25 3-30-25 Insurance Policy Date of Birth Birth Place Full Mame of Mother Name of Father age next birthday= 34 Date Orig. Entry Date issued Type of Document By whom issued and signed SUPPORTING recid. child born RECORD 3. own child's birth certificate Idaho #335813 3-12-12 Feb. 24. 1918 Name of Father Date of Birth Birth Place Full Name of Mother age 26 Preston, Idaho OUALIFYING ... IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION feregoing abetract. (seal.) Date Filed State Registrar Evidence reviewed by

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FORM BH 56067

Nancy Richards May 24, 1957

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STATE BOARD OF HEALTH Division of vital Statistics

### DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De57-600

Boise, Idaho						
REGI STRANT	1. Registrant's Full Name at Birth	2. D		(day) (year)		
(Person whose Birth is being	Velma C. Skelton		of irth October	20 1891		
registered)	3. Color or Race 4. Sex 5. Pla	ce of Birth a. County	b.City or Town o	f Birth		
	white female Pi	ne Elmore	Pine			
FATHER	6. Full Name of Father		tate or Country of F	•		
	H. F. Skelton		Scarborough, En			
MOTHER	8. Full Maiden Name of Mother	9. 3	tate or Country of H	other's Birth		
	Fanny Owen		Nashville, Tenn	essee		
AFFIDAVIT	I hereby declare upon oath that the	1		ess of Registrent		
	best of my knowledge and belief.	Delina & Shelton	Mountain Ho			
HOTARY (Seal)	Subscribed and sworn to before me o	n 12. Signature of Hotary	13. Notary Commi	ssion expires		
	Tuno 6th	El De	J7 7	<b>19</b> <u>59</u>		
	June 6th, 1957	Duhard Cuderan		<b>D</b>		
SUPPORTHIG	Type of Jocument	By whom issued and signed	Date issued	Date Orig. Entry		
RECORD 1		H. F. Skelton - Father				
	Affidavit by Father	Full Name of Mother	Name of Fathe			
	October 20, Pine, Idaho		ļ			
	1891 Pine, Idaho	Fanny Owen Skelton	H. F. Sk			
SUPPORTING RECORD 2-	Type of Document	By whom issued and signed	Viewed by	Date Orig. Entry Vital Statistics		
RECORD 2.	Family Bible Record	Father - H.F. Skelton	Pages very	worn & discolor		
	Date of Birth Birth Place October 20,	Full Name of Mother	Name of Fathe	Fobviously very		
	1891		H. Skelt	on		
SUPPORTING	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry		
RECORD 3-	Own Child's Birth Certific	cate State of Idaho #7315	Child's Bi September			
	Date of Birth Birth Place	Full Name of Mother	Name of Fathe			
	T1-1-					
MINI LEVINO	Age 27 Idaho			· · · · · · · · · · · · · · · · · · ·		
QUALIFYING						
	l books and a selection	h certificate has been found in the	Division of Vital St	atistics for this		
REGISTRAR'S CERTIFICATION	registrant and that documentary evi	dence has been reviewed, which subst	antiates the facts a	s set forth in the		
(seal)	foregoing abstract.					
	Spate Registre	Evidence reviewed by		Date Filed		
	to by Jerson	Shirley Cooper		June 6, 1957		

MINAPO CEPTIFICATE OF BIRTH THE THE MET AND SIMIN OF FEMILE 1.4 = 61 But to well estable a Maris to east 18 The state of the state of the state of feelest issued State of Country of McCher's State A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA to state to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st teanfelood to scenet teasent if odebi eno miedisto to the front same and the first AND THE ROLL OF THE PARTY OF THE The off To structure of no service of the Market State of testical vid direction Mars to ans THE STATE OF THE STATE OF detects wheth Please F. 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STATE BOARD OF HEALTH

Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-715

July 12, 1957

Boise, Idaho 1. Registrent's Full Name at Birth 2. Date **REGISTRANT** (manth) (day) (year) Of (Person whose-Birth Birth is being b. City of Town of Birth realstered) a. County Boul 7. State or Country of Father's Birth FATHER MOTHER . 9. State of Country of Mother's Birth I hereby declare upon oath that the 10. Signature of Registrant Address of Registrent AFFIDAVIT above statements are true to the best of my knowledge and belief. 13. Notary Commission expires Subscribed and sworn to before me on 12. Signature of Metary NOTARY (Seal) March 14 APPLICANT DO NOT WRITE BELOW THIS LINE Date | saued Date Orig. Entry Type of Document SUPPORTING age 76 RECORD 1 3-14-57 Affidavit by aunt Ellen M. Becker Date of Birth Birth Place May 17, Full Name of Mother Name of Father 1891° Elphinstone Patrick Junor Boise, Idaho Mary Agnes McMahon Date issued Date Orig. Entry SUPPORTING Type of Document By whom issued and signed St. John's Cathedral RECORD 2. Certificate of Baptism 3-6-57 June 19, 1891 Rev. DeNardis, Boise, Idaho Date of Birth Birth Place Full Name of Mother Name of Father May 17, Elphonston P. Junors Marie McMahon Date issued Date Orig. Entry By whom issued and signed SUPPORTING Type of Document RECORD 3. St. Teresa's Academy School Record 5-24-57 Sept. 1897 Boise, Idaho Date of Birth Birth Place Name of Father May 17. QUAL I FYLING IN FORM AT I ON I hereby cartify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Date Filed Evidence reviewed by State Registr

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Nancy Richards

FORM BH 56067

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Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

State File No. De57-831

Date Filed

August 20, 1957

STATE BOARD OF HEALTH Division of Vital Statistics

STATE OF IDAHO

REGI STRANT	1. Registrent's Full Name at Birth	2. Date (month) (day) (year)
(Person whose Birth is being	Milton Hale Thatcher	0f Birth May 23, 1891
registered)	3. Color or Race 4. Sex 5. Place of Birth a.County Frankli	b.City or Town of Birth in Preston, Idaho
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
	Milton Herbert Thatcher	Logan, Utah
HOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	Hattie Vilate Hale	Soda Springs, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.  10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature of Region 10. Signature 10. Signature of Region 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10. Signature 10.	11170
NOTARY (Seal)	Subscribed and sworn to before me on 12. Signature of Note	ary 13. Notary Dommission expires
	13th of August 19 57 Allamainstr	may 20, 1959 19
	APPLICANT DO NOT WRITE BELOW  Type of Document   By whom issued and is	THIS LINE Igned   Date issued   Date Orig. Entry
SUPPORTING RECORD 1-	Affidavit by mother By whom issued and a Hattie Vilate	1
	Date of Birth Birth Place Full Name of Mother May 23, Table Villate Villate	Hole What chees Miles Herbert Whet chees
	Type of Document By whom issued and a	
SUPPORTING RECORD 2-	Insurance Policy Application Mutual Life Ir	nsurance Co. York Nov. 17, 1930
	Date of Sirth Birth Place Full Name of Hother May 23, Preston, Idaho	Name of Father
SUPPORTING RECORD 3-	Type of Document By whom issued and a	Oneida Stake
	L.D.S. Church Record Clerk 4th. L.D	
	Date of Birth Birth Place Franklin Co. Full Name of Mother	Name of Father
	5/23/1891 Preston, Idaho Hattie Valite	Thatcher Milton Herbert Thatcher
QUALIFYING INFORMATION		
	·	
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been registrant and that documentary evidence has been reviewed,	found in the Division of Vital Statistics for this which substantiates the facts as set forth in the

Evidence reviewed by

Nancy Richards

FORM BH 56067 1 copy paid

foregoing abstract.

State Registyal

(seal)

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815-129-002-154 DELAYED CERTIFICATE OF BIRTH STATE BOARD OF HEALTH State File No. De57-106h STATE OF IDAHO Division of Vital Statistics Boise, Idaho 1. Registrant's Full Name at Birth 2. Date REGISTRANT (month) (day) (year) Of (Person whose Hansen Birth Birth is being 5. Place of Birth or Race b.City or Town of Birth registered) 3. Color a. County -Fremonl Hame of Father FATHER R. Full Madden Name of Mother MOTHER 11. Present Address of Registrent I hereby declare upon oath that the 10. Signature of Registrant AFFI DAVI T above statements are true to the best of my knowledge and belief. nsin RexBurg Subscribed and sworn to before me on 13. Notary Commission expires MOTARY (Seal) October 25 1957 APPLICANT -- DO NOT WRITE BELOW THIS LINE By whom issued and signed Ray S. Baker, Teton Ward Date | saued Date Orig. Entry Type of Document SUPPORTING RECORD 1. Church Record 10-25-57 June 2, 1900 Clerk, LDS Church Date of Birth Birth Place Full Name of Mother Name of Father Dec. 29, 1891 Fremont Co. Annie C. Andersen Hyrum C. Hansen Teton. Idaho By whom issued and signed Date issued Date Orig. Entry Type of Document SUPPORTING RECORD 2. Insurance Policy Gem State Mutual Life Assoc. 6-12-39 June 6. 1939 Date of Birth Birth Place Full Home of Mother Name of Father Dec. 29, 1891 Teton, Idaho Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 3-Affidavit by mother Annie C. Anderson Hansen 8-29-57 Name of Father Date of Birth Birth Place Full Name of Mother Dec. 29. Annie C. Anderson Hansen Hyrum C. Hansen Teton, Idaho - 1891 **QUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed State Registrar Evidence reviewed by Nancy Richards Nov. 6, 1957 FORM BH 56067



DELAYED CERTIFICATE OF BIRTH State File No. De57-1192 STATE OF IDAHO Division of Vital Statistics . Local Reg. No.\_\_\_\_ Boise, Idaho Reg. Dist. No.\_\_\_\_\_ 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (dav) (year) Of (Person whose Russell George Yearian 1891 Birth Sept 19 Birth is being 3. Color or Race 4. Sex 5. Place of Birth registered) a. County b.City or Town of Birth Male Tdaho Lemhi White 30 m31esonfrom Salmon 6. Full Name of Father FATHER 7. State or Country of Father's Birth Du Quoin, Illinois
9. State or Country of Mother's Birth Thomas H. Yearian MOTHER 8. Full Maiden Name of Mother Emma Russell <u>Leavenworth. Kansas</u> hereby-declare upon oath that the AFFI DAVI T 10. Signature of Registrant . 11. Present Address of Registrant above statements are true to the wee Borg Charen best of my knowledge and belief. Lemhi.Idaho 12. Signature of Notary 13. Notary Commission expires NOTARY (Seal) Subscribed and sworn to before me on December 2 1987 APPLICANT -- DO NOT WRITE BELOW THIS LINE By whom issued and signed SUPPORTING Type of Document Date issued Date Orig. Entry RECORD 1. Affidavit by father Thomas H. Yearian Al-4-57. 11 1/2 Sept 10, That Them Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Salmon, Sal Full Name of Mother Name of Father Class\* Emma A. Russell Thomas H. Yearian Type of Document By whom issued and signed Church of the Redeemer Date issued Date Orig. Entry SUPPORTING RECORD 2. 5-4-55 May 16, 1906 Church Record-Baptism Salmon, Idaho Date of Birth Birth Place Full Name of Mother Name of Father Sept. 19, Class Lemhi Co., Idaho Emma R. Yearian Thomas H. Yearian Type of Document By whom issued and signed SUPPORTING Date issued Date Orig. Entry child born RECORD 3. Idaho #181420 own child's birth certificate Oct. 30,1929 Date of Birth Birth Place Full Name of Mother Name of Father age 38 Lemhi. Idaho QUAL I FYING IN FORMATION Voting Registration, Lembi Co., Idaho, 11-4-57: registered May 22, 1926 -- age 34: born in Idaho. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) State Registrar Evidence reviewed by Date Filed Wancy Richards Dec. 20, 1957 \*Class A Records are those made and dated before the Registrant's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years old. I hadrand pool Form DPH 49067

HIMMOND HADINING OF (新) (1) (1) 1991 This 139 160 1 424 14 74 Date 45 45 45 or tart in the divise a tenter to a server in their stonisi di THE PERSON AND THE PARTY OF the state of the state of the state of townth less of the state of the . Instructed in similarity . it. Color of England and in in ndall like are the second of the second of the second ATION TO SEE CAME AND THE Tres 37-9 3 MM - Manes 4/6" SALES A SECTION Total of A Do Block material to the miles The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s mate if id tirte in sies redict to ener to nore of father THE TOTAL THE CAMPOLIT ! maines M serien PROGRESSION TO THE P. or a in best bears much to All alan be and a to July Marie core allieres merche albille con-Tailor to Make the waste days while to and Larish midwall the court to that an order tire to consider the bear that in the fire and of treat denties to the this Frage to abatesect. balle ste. terative or the admiral district of an invited the mineral sea of the season of

# DELAYED CERTIFICATE OF BIRTH

State File No. De58-012

January 6, 1958

Division of Vital Statistics STATE OF IDAHO Boise, Idaho 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (day) (year) Of 1891 12 (Person whose GRACE EMTLY LUDWIG January Rirth Rirth is being 3. Color or Race 4. Sex 5. Place of Birth realstered) a. County b.City or Town of Birth Payette Idaho Canyon Remale White 6. Full Name of Father 7. State or Country of Father's Birth FATHER Germany Robert Charles Ludwig B. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER England Georgina Sabina Say I hereby declare upon oath that the AFFI DAVIT 10. Signature of Registrant 11. Present Address of Registrent above statements are true to the best of my knowledge and belief. Indian Valley Idaho Subscribed and sworn to before me on/ 12. Signature of Astary 13. Notary Commission expires HOTARY (SEA!) -19 60 April 7th 20000 1957 December 30 APPLICANT TO NOT WRITE BELOW THIS LINE Type of Document Date Jasued Date Orig. Entry SIRPORTING child born on file-Vital Statistics
Idaho #388694 RECORD-1 Own Child's Birth Certificate Sept 19, 1927 Date of Birth Birth Place Full Name of Mother Name of Father Age 36 Payette, Idaho Date issued Date Orig. Entry Type of Document By whom issued and signed SUPPORTING PECOPO 2. Dec 17.1957 Affidavit by Mother Georgina Ludwig Bivens Date of Birth Birth Place Fuil Name of Mother Name of Father Robert Charles Ludwig Georgina Sabina Say Jan 12, 1891 Payette, Idaho By whom issued and signed County Supt. of Schools Type of Document Date issued Date Orig. Entry SUPPORTING RECORD 3. School Record of Age June 13,1956Sept 1, 1905 Dist. No 6. Caldwell, Idaho Name of Father Date of Birth Birth Place Full Name of Mother Robert Ludwig Age 14 **OUALIFYING** U. S. Gensus Record taken as of Jan 1, 1920- Age 28, Birthplace, Idaho IN FORMATION issued Nov 12, 1957 I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S

registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed Evidence reviewed by State Registrar

Joyce B. Foltz

W. W. Benson

MARKET TO THE TOTAL TRANSPORT #1,445 10 gaha THAT 771134 \$30° " A MANAGE COURTS A CARL FIRS SMIT 1.73.19 milde ei freis Africa or seek that I have at the seekeld it. berese La APPROXIMATE THE STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA V.IB. 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egistered)	3. Color or Ra	ce 4. Sex female	5. Place (St	of Birth a.County 10shome		b.city Mullan	or Town o	f Birth	
ATHER	6. Full Name o	f Father H Conklin			7. Sta	te or Cou		ather's Bi	rth
OTHER	1 -	Name of Mother y Hartwell			9. Sta	te or Cou	-	other's Bi	rth
FFIDAVIT	above statemen best of my kno	re upon oath the ts are true to wledge and beli	the ef.	20. Signature of Registran Source J. Curti	L A	11. Pre 585 San	ent Addr Rosecra Diego,	ess of Reg ns. St Cale	istrent
OTARY (Seal)	Subscribed and	aworn to befor	e me on	12. Signature of Notary	~			ssion expi	Fe8
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lass*B	Date of Birth March 10, 1891			Full Name of Mother Kitty H. Conklin			of Fathe		
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ECORD 2.	Federal Cen	nsus Record		U. S. Bureau of the	e Censu	s   12-	3-57	Apr.	15, 191
lassB	Date of Birth age 19	Birth Place Idaho		Full Name of Mother		Hame	of Fathe	r	
UPPORTING ECORD 3-	Type of Docume			By whom issued and signed Parish of St. Paul			i saued	Date Ori	g. Entry
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lass <u> </u>	1891	Mullan, Id	laho	Kitty H. Conklin		Ja	nes H.	Conklin	
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STATE BOARD OF HEALTH

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De58-289

Boise, Idaho 2. Date 1. Registrant's Full Name at Birth (month) (day) (year) REGISTRANT Of (Person whose Birth Birth is being b.City or Town of Birth 3. Color of Race 5. Place of Birth a. County registered) Fremont hester 7. State or Country of Father's Name of Father FATHER 9. State or Country of Mother's Birth MOTHER 10. Signature of Registrant 11. Present Address of Registrant AFFI DAVI T above statements are true to the Jargarethia Co. m& millin best of my\_knowledge and belief. 13. Notary Commission expires Subscribed and sworn to before me on NOTARY (Seal) My Commission Expires April \$196/ Applicant - DO NOT WRITE BELOW THIS LINE
Older of Birth Birth Place
Dec. 24, Chester, Idaho Lavina Henrietta Cliffo Date | saued Date Orig. Entry SUPPORTING RECORD 1. 12-21-57 Name of Father Thomas Thomas Brown Lavina Henrietta Clifford Brown child born July 23, 192 Date issued Type of Document By whom issued and signed SUPPORTING RECORD 2. own child's birth certificate Idaho #93047 Name of Father Date of Birth Birth Place Full Name of Mother Chester, Idaho age 29 Date Orig. Entry By whom issued and signed Baldwin Park Ward, Covina Date issued Type of Document SUPPORTING RECORD 3. Church Record 10-10-57 July 1, 1901 Stake, LDS Church Name of Father Date of Birth Dec. 24, Full Kame of Mother Birth Place Thomas J. Brown 1891 Henretta LaVina Clifford Chester. Idaho **OUALIFYING** IN FORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. Date Filed Evidence reviewed by State Registrar

Nancy Richards nr

April 2, 1958

REGISTRAR'S

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CENTON. entition in the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of th orta i radio To and restrict to seed [[.7 Chall distill the Section office treatment. 25. don Ly whose research and stands of the Salary Coving THE DISC WAS Seres Piec ARRAGRE III 150 Acacall Acadell "Danker ensel to cons tenfort to oded lies. and the second second APOTE IN THIS PER PERCENT LEVILLE CLICATE ARRIGIONS E PARTY SEE IT THAT HE PRINT HIS DOTTHICHS MAN BEEN IN THE PRINTER OF Y LES MERCHES POR CONTROL OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF THE PRINTER OF TH celli stat on bear Tot ascable?

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STATE BOARD OF HEALTH Division of Vital Statistics Boise Idaho

### DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De58-326

borse, luano	~					
REGI STRANT	1. Registrant'	a Full Name at Birth		2. Date Of	(month)	(day) (year)
(Person whose Birth is being	Martha	Jane Hutchison		Birth	September	r <b>30,</b> 1891
registered)	3. Color or Re	ce 4. Sex 5. Place	of Birth a.County	b.	City or Town	
•	White	Female	Cassia	·	Sublette	
FATHER	6. Full Name o	f Father		7. State o	r Country of	Father's Birth
	Robert Ni	ish Hutchison			Utah	
HOTHER	8. Full Haiden	Name of Mother		9. State o	r Country of	Hother's Birth
, S. 3.	Martha Ja	ne Lloyd		<u> </u>	Utah	
AFFIDAVIT		re upon oath that the	10. Signature of Registrant	11	. Present Add	ress of Registrent
	best of my kno	ts are true to the wiedge and belief.	Marker Jane Ho	tt	Mall	e Adam-
NOTARY (Sazi)	Subscribed and	sworn to before me on	12. Signature of Notary		. Notary Comm	ission expires
	March	13/ 1958	Hazel L. Wuel	best .	Lept. 2	8, 1960
		APPLICAN'	T- DO NOT WRITE BELOW THIS L	INE	<i>J</i>	
SUPPORTING RECORD 1-	Type of Docume	nt by person present	By whom issued and signed		Date Issued	Date Orig. Entry
RECORD 2-	at time th	is birth	Isabell Galliher (ag	e 81)	11-13-57	
	Sept. 30,	Birth Place	Full Name of Mother		Name of Fath	or Nish Hutchison
CHROCOTI NO	1891 Type of Docume	Sublett, Idaho	Martha Jane Lloyd  By whom issued and signed		Date issued	Date Orig. Entry
RECORD 2-	1	Birth Certificat		43155		pirthdate
	Date of Birth	Birth Place	Full Name of Mother		Name of Fath	
	Age 34	Sublett, Idaho	•••			
SUPPORTING	Type of Docume	nt	By whom issued and signed		Date issued	Date Orig. Entry
RECORD 3-	Church Rec		Malta Ward, Raft River Stake LDS Church, Malta, Idaho		4-3-58	June 27, 1903
	Sept. 30.	Birth Place Cassia Co.	Full Name of Mother		Hame of Fath	) <b>r</b>
	1891	Sublette, Idaho	Martha Jane Lloyd		Robert Ni	sh Hutchison
QUALIFYING INFORMATION						
		7.				· · · · · · · · · · · · · · · · · · ·
DEAL STRART S	i hereby serel	fu that no prior hirth	certificate has been found in	the Divisi	on of Vital S	tatistics for this
REGISTRAR'S CERTIFICATION (seal)	registrant and foregoing abst	∣that documentary evide:	nce has been reviewed, which	substantiat	es the facts	as set forth in the
, 304. /	State Registra	ر ا	Evidence reviewed by		<del></del>	Date Filed
	WW	Denson	Nancy Richards	5		April 22, 1958

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Date Filed

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Boise, Idaho

Division of Vital Statistics

## DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De58-498

Date Filed

June 11, 1958

REGI STRANT	1. Registrant's Full Name at Birth		2. Date	(month)	(day)	(year)
(Person whose Birth is being	Thomas Stepheng Thomas , Jr.		Of Birth	July	10	1891
registered)	3. Color or Race 4. Sex 5. Place Male	of Birth a.County Oneida Co.		.city or Town	of Birth	
FATHER	6. Full Name of Father		7. State	or Country of	Father's	Birth
ak .	Thomas Stephens Thomas			Wales		
HOTHER	8. Full Maiden Name of Mother		9. State	or Country of	Mother's	Birth
Server To	Emma Matilda Peterson		Bean	Lake Co	unty.I	daho
AFFMAXIT	hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		1. Present Add # 7 Alvoi Morristo	ress of R	ogi strant
NOTARY (Seal)		12. Signature of Notary		3. Notary Comm	ission ex	pires
	May 19 1958	lannely	one.	NOTARY PUBL		10
	APPLICANT.	DO NOT WRITE BELOW DIES L	INF			
SUPPORTING RECORD 1.	Type of Document	By whom issued and signed LDS Churchi		Date issued	Date U	rig. Entry
MEGGIND -	Church Record	Malad Stake, St. John	ward_	<u> 3-12-58</u>		4, 1901
	Date of Birth Birth Place July 10, Oneida Co.	Full Name of Mother		Name of Fath	OF	
effective and a seg-	1891 St. John, Idaho	Emma Peterson	Area . Area	Thomas S	. Thoma	5
SUPPORTING	Type of Document Affidavit by	By whom issued and signed		Date issued	Date 0	rig. Entry
RECORD 2.	neighbor at time of birth, a	e 78, W. S. Pierce		4-10-58		
	Date of Birth Birth Place Onelda Co.	Full Name of Mother		Name of Fath	er	<del></del>
	1891 St. John, Idaho	Emma Matilda Peterso	Thomas Stephens Thomas			
SUPPORTING RECORD 3-	Type of Document	By whom issued and signed Original viewed by N	otarw Pr	Date issued	Date 0	rig. Entry
RECORD >-	Family Record	E. L. Scott; Malad, I	daho	<b>K-20-58</b>	obv:	iously old
	Date of Birth Birth Place	Full Name of Mother		Name of Fath		
	July 10,   =	Emma M. Thomas		Thomas S	. Thoma	<u> </u>
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth c registrant and that documentary eviden	ertificate has been found in ce has been reviewed, which	the Divis substantia	ion of Vital S tes the facts	tatistics as set for	for this

Evidence reviewed by

Nancy Richards

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FORM BH 56067

foregoing abstract.

State Registrar

(seal)

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Boise, Idaho

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De58-675

Date Filed

Aug. 13, 1958

1. Registrant's Full Mame at Birth REGISTRANT 2. Date (month) (yezf) (day) Of (Person whose Joe J. Powell 1891 Rirth December Birth is being 3. Color or Race E. Sex 5. Place of Birth registered) a. County b.City or Town of Birth White Mala Meadows, Idaho
7. State or Country of Father's Birth 6. Full Name of Father FATHER Thomas Powell Nebraska 8. Full Maiden Name of Mother MOTHER 9. State or Country of Mother's Birth Ida Mc Cumpsev Oregon I hereby declare upon oath that the 11 Present Address of Registrent Yellow Pine, Idaho **AFFIDAVIT** 10. Signature of Registrant above statements are true to the best of my knowledge and belief. P. 0. Box 34 12. Signature of Hotary Subscribed and sworn to before me on NOTARY (Seal) Recorder, Valley County June 21, 1958 19 19 Idaho APPLICANT -- DO NOT WRITE RELOW THIS LINE Type of Document SUPPORTING Affidavit by Date Issued Date Orig. Entry RECORD 1. neighbor at time of birth, age 84, Mrs. Annie Kraigbaum 7-5-58 Date of Birth Birth Place Full Name of Mother Name of Father Dec. 8, Ida Powell Thomas Powell-Meadows, Idaho By whom issued and signed original viewed by W. W. Benson, State Registrar of Type of Document Date issued Date Orig. Entry SUPPORTING RECORD 2. 7-1-58 Family Record old record Full Name of Mother Vital Statistics and of Father Date of Birth Birth Place Dec. 8. Ida C. Powell 1891 Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING RECORD 3-Federal Census Record U. S. Bureau of the Census 7-28-58 June 1. 1900 Date of Birth Birth Place Full Name of Mother Name of Father Dec. 1891 (age 8) Idaho Ida C. Powell **QUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION

Evidence reviewed by

Nancy Richards

foregoing abstract.

State Registrar

(seal)

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Boise, Idaho

REGISTRAR'S CERTIFICATION

(seal)

Division of Vital Statistics

## DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De58-692

REGI STRANT	1. Registrent'	s Full Name at Bi	rth		2. Date	(month)	(day) (year)		
(Person whose Birth is being	Vern T.	Dayley			Of Birth	February	14, 1891		
registered)	3. Color or Raw White	ce 4. Sex 5. Male	Place (	of Birth a.county Cassia		lbion	of Birth		
FATHER	6. Full Name of Heber Ch	f Father nase Dayley			1	7. State or Country of Father's Birth Ohio			
MOTHER	8. Full Maiden Adriann	Name of Mother McBride				9. State or Country of Mother's Birth Utah			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registran	ley 1	528 Colle	ress of Registrant ege St. eg. California		
NOTARY (Sea I)	Subscribed and  June 20	sworn to before	me on	12. Signature of Notary C. Ernestine ?	Jolat!	Sept. 21	19 57		
SUPPORTING	Type of Documen	AP	PLICANT	- DO NOT WRITE BELOW THIS	SLINE	Date Issued	Date Orig. Entry		
RECORD 1.	Insurance R		United Insurance		D219 700200	5 <b>-22-</b> 1951			
	Birth Place Idaho	,	Full Name of Mother		Name of Fath	er .			
SUPPORTING RECORD 2-	Feb. 11, 1891 Type of Document Church Rece	nt		By whom issued and signed Healdsburg Branch, Stake, Galiforni	Santa Ro	Date Issued	Date Orig. Entry		
	Pep. 14,	Cassia Co Albion, Idah	). 10	Stake, Californi Full Name of Mother Adrain McBride		Name of Father Heber C. Dayley			
SUPPORTING RECORD 3-	Type of Documentown child's		By whom issued and signed Dist. #3701 California #1313		Date issued 8-7-57	Date Orig. Entry child born July 24, 1926			
		Birth Place	• .	Full Name of Mother	<del>.</del>	Name of Father			
QUALIFYING INFORMATION	age 35	Idaho				200 000 000			

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the

Nancy Richards

Evidence reviewed by

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Date Filed

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# DELAYED CERTIFICATE OF BIRTH

State File No. De58-836

STATE BOARD OF HEALTH Division of Vital Statistics

STATE OF IDAHO

Boise, Idaho								
REGI STRANT	1. Registrant's	s Full Name at Birth		2. Date	(month)	(day) (year)		
(Person whose Birth is being		ghn Franklin Ta			October	19 1891		
registered)	3. Color or Rad				.City or Town			
	white		elton Oneida	Mapelton, Idaho 7. State or Country of Father's Birth				
FATHER		Father RichARDS	· _	1	•			
	Frankl:	in D. Rikakowas T	aylor	Har	<u>risville,</u>	Utah		
MOTHER	8. Full Maiden	Name of Mother		9. State	or Country of P	other's Birth		
*		<u>la Merrill</u>		Smithfield Uta				
AFFIDAVIT	above statement	ts are true to the	10. Signature of Registrant		. ^	ress of Registrent		
		wledge and belief.		ulor d	Odlon (11	Voulana.		
NOTARY (Seal)	Subscribed and	sworn to before me on	12. Marture of Notary	]1	3. Notary Commi	ission expires		
	Sept 19-	19 😿	HATTILLIN	1.	My /-	196/		
		APPLICANT	- DE NOT WRITE BELOW THIS	LINE	<del>V</del>			
SUPPORTING	Type of Documen	i <b>†</b>	DO NOT WRITE BELOW THIS By whom issued and signed original viewed by ]	inrean of	Date   seued	Date Orig. Entry		
RECORD 1.	Family Reco	rd	Vital Statistics		8-21-58	old record		
	Date of Birth		Full Name of Mother		Name of Fathe			
	Oct. 19, 1891	Mapleton, Idaho	ades qu			480		
SUPPORTING	Type of Documen	nt	By whom issued and signed		Date issued	Date Orig. Entry		
RECORD 2.	own child's	birth certificate	Idaho #145124			child born		
		Birth Place	Full Name of Mother		Name of Fathe			
	age 34	Mapleton, Idaho	dents datab datab		***	•		
SUPPORTING RECORD 3-	Type of Documen	t Affidavit by	By whom issued and signed	-	Date issued	Date Orig. Entry		
	lage 82		Annie N. Merrill		18-8-58			
		Birth Place	Full Hame of Mother		Name of Fathe			
	Oct. 19, 1891	Mapleton, Idaho	Priscilla Merrill		Franklin	D. Richards Taylo		
QUALIFYING INFORMATION								
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
REGISTRAR'S CERTIFICATION	i hereby certi- registrant and foregoing abst	that documentary eviden	certificate has been found ince has been reviewed, which	n the Divis	sion of Vital States the facts of	tatistics for this as set forth in the		
(seal)	State Registre		Evidence reviewed by			Date Filed		
	Will	Janson	nr Nancy Rich	nards		Oct. 20, 1958		

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Diviston of vital Statistics

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De58-974

Boise, Idaho 1. Registrant's Full Name at Birth REGI STRANT 2. Date (month) (day) (year) Of (Person whose COV ARNOLD CUDDY 1891 Birth MAV Birth is being 5. Place of Birth 3. Color or Race 4. Sex b\_City or Town of Birth realstered) NEZ PERCE SOUTHWICK WHETE 6. Full Name of Father 7. State or Country of Father's Birth FATHER-VIRGINIA B. Full Maiden Name of Mother HOTHER Morrison CALIFORNIA 10. Signature of Registrant ! hereby declare upon oath that the **AFFIDAYTT** Mbove statements are true to the beat of my knowledge and belief. 12. Signature of Notary 13. Notary Commission expires Subscribed and sworn to before me on NOTARY (Seal) nov17 APPLICANT DO NOT WRITE BELOW THIS LINE Date | saued Date Oria. Entry Type of Document SUPPORTING RECORD 1. Nov. 4. 1939 Treasury Dept. Social Security Record Date of Birth Birth Place Full Name of Mother Name of Father Belle Morrson Hiram Cuddy TROT Southwick. Idaho Type of Document By whom issued and signed Date issued Date Orig. Entry Affidavit by SUPPORTING RECORD 2-10-17-58 person present at birth, age 84, Jennie B. Brown Date of Birth Birth Place Full Name of Mother Name of Father May 28, 1891 Bell J. Morrison Hiram Cuddy Date issued Date Orig. Entry By whom issued and signed Type of Document SUPPORTING 11-24-36 11-23-36 RECORD 3-Idaho Mutual Benefit Assoc. Insurance Policy Date of Birth Birth Place Name of Father Full Name of Mother Southwick, Idaho 1891 **QUALIFYING** IN FORMATION own child's birth certificate, Idaho #398293: child born June 24, 1924: age 33: birthplace-Southwick, Idaho. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed State Registrar Evidence reviewed by Dec. 9. 1958 Nancy Richards

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Division of vital Statistics

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De58-1001

Boise, Idaho 1. Registrant's Full Name at Birth 2. Date (month) (day) REGISTRANT (year) Of OCT. 23 1891 EARLE H. McCLURE (Person whose Rirth Birth is being 5. Place of Birth 3. Color or Race 4. Sex b.City or\_Town of Birth registered) a. County Moscow, Latah Co. IDaho male Moscow Idaho. Latah Co. What ma. 7. State or Country of Father's Birth FATHER American U.S.A CHARLES EDWARD McCLURE 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER MARIETTA RUSH AMERICAN U.S.A. 11. Present Address of Registrent Rt.14, 932 Hill Ave I hereby declare upon oath that the 10. Signature of Registrant **AFFIDAVIT** above statements are true to the Glen Ellyn. III. best of my knowledge and belief. 12. Signature of Notary 13. Notary Commission expires Subscribed and sworn to before me on NOTARY (Seal) APPLICANT -- DO NOT WRITE BELOW THIS LINE
By whom issued and signed Date | saued Date Orig. Entry Type of Document SUPPORTING RECORD 1-Nov. 27, 1936 Social Security Record Treasury Dept. Oct. 23, Birth Place Latah Full Name of Mother Name of Father Latah Co. Moscow, Idaho Marietta Rush Charles Edward McClure 1891 Date issued statement) Date Orig. Entry By whom issued and signed Type of Document SUPPORTING enlisted RECORD 2. Bureau of Navigation June 9, 1917 1-11-33 Service Record II. S. Navy Name of Father Date of Birth Birth Place Full Name of Mother Oct. 23. Moscow. Idaho 1891 Date i saved Date Orig. Entry By whom issued and signed Type of Document SUPPORTING RECORD 3. Mrs. Marietta Rush McClure Smith Affidavit by mother Name of Father Full Name of Mother Oct. 23. Birth Place Latah Co. Oct. 23. Charles Edward McClure Marietta Rush 1891 Moscow. Idaho **QUALIFYING** INFORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Date Filed Evidence reviewed by State Registrar Nancy Richards Dec. 22, 1958

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                                    DELAYED CERTIFICATE OF BIRTH
STATE BOARD OF HEARTH
   State File No.De 59-102
Division of vital Statistics
   STATE OF IDAHO
Boise, Idaho
             1. Registrant's Full Name at Birth
  2. Date
REGISTRANT
  (month)
   (day)
  (vear)
  Birth Sept
                               Inline Hanson
   1891
(Person whose
Rirth is being
             3. Color or Race & Sex
                                       5. Place of Birth
   a. County Mailing Addressity or Town of Bigth A
registered)
                              male
  Rome
  Bosse, Porter
  Horse Shae Bend Ida
                 white
  Creek 7. State or Country of Father's Birth
             6. Full Name of Father
FATHER
                   Ole Hanson
  Torwass
             8. Full Maiden Name of Mother
  9. State or Country of Mother's Birth
MOTHER
                  Clave Zarsen
   Norway
   11. Present Address of Registrent
             I hereby declare upon oath that the
  10. Signature of Registrant
AFFI DAVI T
             above statements are true to the
   Lesmons (Hanson
             best of my knowledge and belief.
   Horse Shoe Bend, Idaho
  12. Signature of Notary
             Subscribed and sworn to before me on
   13. Notary Commission expires
NOTARY (Seal)
   august 10 1962
                  Amery 30 1959
   delew m. Amith
  APPLICANT— DO NOT WRITE BELOW THIS LINE.

By whom issued and signed
  Date Issued | Date Orig. Entry | January 26, married April 16,
             Type of Document
SUPPORTING
  Vern Thomas, Ex-Officio
              Certified copy of Marriage
RECORD 1.
  1918
  1959
              Register
  Recorder for Ada County
             Date of Birth Birth Place
Age 26 Horsesho
   Full Name of Mother
  Name of Father
                            Horseshoe Bend.
  Date issued
   Date Orig. Entry
             Type of Document
   By whom issued and signed
SUPPORTING
  The Mutual Life Insurance Co.
  August 8, 1933
RECORD 2.
               Insurance Policy
   of New York
  Name of Father
             Date of Birth Birth Place
   Full Name of Mother
             September 2, Horse Shoe Bend,
                               Tdaho
              1 291
             Type of Document
  Date issued
   Date Orig. Entry
   By whom issued and signed
SUPPORTING
  February 4
RECORD 3.
   Mathilda Peterson
              Affidavit by Cousin-Age 76
  1959
             Date of Birth Birth Place
September 2 Porter Creek,
   Full Kame of Mother
  Name of Father
  Ole Hanson
  Olave Hanson
                           Boise County, Ida
               1891
QUALIFYING
IN FEBRUATION
              Own child's birth certificate. On file Vital Statistics, Idaho $137499, gives
                age as 34 and birthplace as Idaho. Child born on 12-19-1925
             I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this
REGISTRAR'S
             registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the
CERTIFICATION.
             foregoing abstract.
    (seal)
   Date Filed
  Evidence reviewed by
             State Registrar
   February 9,1959
  ses
   Sharon E. Skaggs
              W.W. Benson
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Skaggs

Boise, Idaho .		· · · · · · · · · · · · · · · · · · ·					Reg.	Dist. N	0	
RECLISTRANT	1. Registrant's	Full Name a	t Birth			2. Date Of	(month)	(da	y) (year)	
(Person whose Birth is being	Oscar El	iason An	de rson			Birth	June	18t	h 1891	
registered)	3. Color or Race white	4. Sex male	5. Place of Madiso	of Birth a.co	unty	Indep	.city or To endence	wn of Bi	rth Histrict)	
FATHER	6. Full Name of Neil Hend					t e	or Country, Sweden	of Fathe	r's Birth	
OTHER	8. Full Maiden N	ame of Moth	er				or Country	of Mothe	r's Birth	
	Emma Smit	h				Span	Spanish Fork, Utah			
AFFIDAVIT -	I hereby declare above statements best of my knowle	are true t	o the	10. Signature of Sea-Elea	-		1. Present  Thornt		of Registrant ho	
OTARY (Seal)	Subscribed and s	worn to bef	ore me on	TS. Siduernia Ai	MO LELI J	/ 14	3. Notary C	omnissio	n expires	
	February 28t	h	19 59	Welliam 13.	Kennes	7	February	13	1962	
			APPLICANT	By whom I saued	BELOW THIS L	INE	Date Issu	ad IN	to Mela Fateu	
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B	Date of Birth B	irth Place	nce, Idah	Full Name of Mo	ther mish Fork	Utah)	Name of F	ather (born-(	Orup, Sweeden	
SUPPORTING	Type of Document	born 3-2	0-1874)	By whom issued	and signed		Date issu	ed De	te Orig. Entry	
RECORD 2.	Affidavit by			Samuel Smi	th Anderso	n	2-28-5	9		
class_B	June 18, 1891	irth Place Madison C Independe	o. (former	Full Name of Mo ly Bingham Emma Sm	ther Co.) ith Ander:	son	Name of F		c Anderson	
SUPPORTING	Type of Document			By whom issued			Date issu	ed De	te Orig. Entry	
RECORD 3-	own child's b	oirth cer	tificate	Idaho #215679					child bor Aug. 30, 193	
	Date of Birth B	irth Place		Full Name of Mo	ther		Name of F	ather	•	
ClassB	age 42	Idaho			56 TO 475		, , , , , , , , , , , , , , , , , , ,	54 04 64 F		
WALIFYING INFORMATION	Selective Se	ervice Re	gistrati	on C <b>ertifica</b>	te, Madis	n Co. E	Board #33	, Rexb	urg, Idaho;	
	April 27, 19					·				
REGISTRAR'S CERTIFICATION	I hereby certify registrant and t foregoing abstra	hat documen	ior birth c tary eviden	ertificate has b ce has been revi	een found in ewed, which	the Divis	ion of Vite	i Statis ts as se	itics for this	
125011	State Registrar	·~·	Charles (True)	Evidence revie	wed by			Dat	e Filed	
	W	Janoo	~	Nanc	y Richards	3		M	arch 5, 1959	

FORM DPH 49067

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DELAYED CERTIFICATE OF BIRTH

State File No. De59-403

STATE BOARD OF HEALTH Division of vital Statistics STATE OF IDAHO Boise, Idaho 1. Registrant's Full Name at Birth 2. Date (month) REGISTRANT (day) (year) Of November 22 . 1891 (Person whose BERTHA ETTA LOCKWOOD Birth is being 3. Color or Race M. Sex 5. Place of Birth a. County b.City or Town of Birth realstered) Kootenai White Female. Hayden Lake 6. Full Name of Father 7. State or Country of Father's Birth FATHER Missouri LOUIS LOCKWOOD 2. Full Maiden Name of Mother 9. State or Country of Mother's Rirth MOTHER Washington JULIA ETTA MENDENHALL I hereby declare upon oath that the AFFIDAVIT 10. Signature of Registrant 11. Present Address of Registrent above statements are true to the best of my knowledge and belief. Wauconda, Washington 13. Notary Commission expires Sphecribed and sworn to before me on 12. Signature of Notary NOTARY (Seals November 4. 1961 April 17. 19 59 APPLICANT DO NOT WRITE BELOW THIS LINE
By whom issued and signed Date | saued Date Orig. Entry SUPPORTING Type of Document RECORD 1. Julia Etta Lockwood h-18-59 Affidavit by mother, age 84 Date of Birth |Birth Place Name of Father Full Hame of Mother Nov. 22. Hayden Lake, Idaho 1891 Julia Etta Lockwood Louis Lockwood By whom issued and signed Date issued Type of Document Date Orig. Entry SUPPORTING RECORD 2. Marriage Record Spokane County, Spokane, Wash, 4-29-59 June 9. 1912 Full Name of Mother (born-Wash.) Date of Birth Birth Place Name of Father (born-Missouri) age 20 Idaho --- Mendenhall Louis Lockwood Date Orig. Entry child born By whom issued and signed Date issued Type of Document SUPPORTING RECORD 3-Washington #269 4-17-57 Nov. 3. 1919 own child's birth certificate Mame of Father Date of Birth Birth Place Full Name of Mother age 27 Tdaho

QUALIFYING IN FORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal)

Evidence reviewed by

State Registres

Namey Richards

May 12, 1959

Date Filed

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Division of Vital Statistics

# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De59-744

Date Filed

Boise, Idaho			STATE OF TRAIL					
REGI STRANT	1. Registrent	s Full Name at Birth		2. Date Of	(month)	(day)	(year)	
(Person whose Birth is being	Edith B	lanche Green		Birth	April	23,	1891	
registered)	3. Color or Rewhite	female 5. Place	of Birth a.county Payette	Pay	city or Town	of Birth		
FATHER	6. Full Hame o	f Father		7. State	or Country of	Father's B	lirth	
in in its	Robert	Green		See	otland			
40 THER		Name of Mother		9. State	or Country of	Mother's E	i rth	
Ex (4)	Mary E	sther Harrison		Iowa				
AFFIDAYIT	above statemen	re upon oath that the its are true to the weeke and belief.	10. Signature of Registrant Edith Blanche Green Bk	a bott	1. Present Add Box 425		gistrent Montan	
NOTARY (Seal)	h. L	sworn to before me on	12. Signature of hetery,	TOTADY D	BLIC for the State	ission exp	ires	
· .	K.	14 15- 1958	Lo. L. C	Pesidin	g at Thompsossion expires Dec	on Falls	_19	
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SUPPORTING RECORD 1-	Lodge Reco		By whom Issued and Flored Ideal Chapter #40, O Eastern Star, Plain	rder of t	Date Issued the		ig. Entry 20, 19	
	Date of Birth April 23, 1891	Birth Place Payette, Idaho	Full Name of Mother		Name of Fati			
SUPPORTING	Type of Docume		By whom issued and signed		Date issued	Date Or	d born	
RECORD 2.	own child	s birth certificat	te Montana #1029		4-7-59		27 <b>,</b> 1934	
	Date of Birth	Birth Place	Full Name of Mother		Name of Fati	10F		
	age 43	Payette, Idaho	era ministra					
SUPPORTING RECORD 3-	Type of Docume	int	By whom issued and signed Bureau of the Cens	us	Date issued	Date Or	ig. Entry	
	Federal Ce	nsus Record	Dept. of Commerce	7-31-5	Jun	e 1, 1900		
	Date of Birth Apr. 1891	1	Full Name of Mother		Name of Fat			
	(age 9)	Idaho	Mary Esther Green		Robert	Green		
QUALIFYING INFORMATION								
=					_ <del> </del>			
REGISTRAR'S CERTIFICATION	i hereby certi registrent and	l that documentary evide	certificate has been found in nce has been reviewed, which	the Divis	ion of Vital : tes the facts	Statistics as set for	for this th in the	

Nancy Richards Sept. 8, 1959

Evidence reviewed by

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foregoing abstract.

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# DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De59-807

Oct. 2. 1959

Division of Vital Statistics Boise, Idaho 1. Registrant's Full Name at Birth 2. Date REGISTRANT (month) (day) (year) Of (Person whose 18 1891 Charles William O'Connor Birth April Rirth is being 3. Color or Race 4. Sex 5. Place of Birth a. County b.City or Town of Birth registered) Bear Lake Montpelier 6. Full Name of Father 7. State or Country of Father's Birth FATHER John F. O'Connor New York A. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Sarah Beglev Kentucky I hereby declare upon oath that the 10. Signature of Registrant 11. Present Address of Registrent AFFIDAVIT . above statements are true to the 802 Jefferson St., Montpelier, Idaho Box207

13. Notary Commission expires has William D Connor best of my knowledge and belief. 12. Signature of Notary HOTARY (Seal) Subscribed and sworn to before me on BUTH ALAND Notory P Sta June 12. 19 59 APPLICANT DO NOT WRITE BELOW THIS LINE

Affidavits by By whom issued and signed

Affidavits by Josephine McIntosh Driver (age 85)

When issued and signed (age 81)

Affidavits by Josephine McIntosh Driver (age 85) Mongolista Idelia Date 15 and 1940 |Date Orig. Entry Type of Document SUPPORTING RECORD 1. neighbors at time of birth Date of Birth Birth Place
Armil 18 Bear Lake Co. Full Name of Mother Name of Father April 18, Sarah Begley O'Connor Montpelier. Idaho John F. O'Connor Date Orig. Entry By whom issued and signed Date issued Type of Document SUPPORTING RECORD 2. Federal Census Record U. S. Bureau of the Census 8-6-59 June 1. 1900 Date of Birth Birth Place April 1891 Name of Father Full Name of Mother Idaho Sarah O'Connor John F. O'Cormor (age 9) Type of Document By whom issued and signed R. C. Church of St. Joseph's Date Orig. Entry Date issued SUPPORTING RECORD 3. May 28, 1891 9-18-59 Baptismal Certificate Pocatello, Idaho Full Name of Mother April 18, Birth Place not shown Name of Father John O'Connor Sarah Beglev 1891 Montpelier **QUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed

Evidence reviewed by

100pd 1 010

Nancy Richards

State Registrar

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469-27	1-044-R	FCENDELAYED	CERTIFICATE OF BIL	RTH	State Fil	e NoDe60-092
Division of Vit	tal Statis+Vio≤	1111	OTHER OF LEMIO		Local Reg	. No
Boise, Idaho		JUL 2 - 554	•		Reg. Dist	. No
REGI STRANT	1. Registrativi	eign of Name at Birth		2. Date	(month)	(day) (year)
(Person whose Birth is being	Cleo	JUL 2 - 554  oighlif Man Statistics M  Ethel	ovenead	Of Birth	May	21 1891
registered)	3. Color or Rad	temale (Weiser	of Birth a. County  Nashington	b	.city or Town of	f Birth
FATHER	6. Full Name of	Father Eugene M	· ·	7. State	or Country of Fe	ther's Birth
MOTHER	8. Full Maiden	Name of Mother	- Roberts	9. State	or Country of Mc	ther's Birth
AFFIDAVIT	l hereby declar above statement		10. Signature of Registrant Cles Ethel Morehead	Jötten 1	1. Present Addres	ess of Registrant  S Street  Was h
NOTARY (Seal)	Subscribed and	sworn to before me on	12. Signature of Notary	1	3. Notary Commis	ston expires
	June 3	03/1954	Newst antens	K .	Sept z	19.57
-	Type of Documen	APPLICANT	- DO NOT WRITE BELOW THIS L By whom issued and signed	INE)		
SOPPORTING RECORD 1-			1		Date   saued	Date Orig. Entry Census of
-	Date of Birth	record of 1920 Birth Place	Bureau of the Cens	us .	6/25/54 Name of Father	Jan. 1, 1920
class*B	28 yrs old	Idaho				
SUPPORTING	Type of Documen		By whom issued and signed		Date issued	Date Orig. Entry
RECORD 2-	Affidavit	by Mother	Catherine McRoberts	Morehea	d May 12,	1954
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
ClassB	May 21. 189	L Weiser, Idaho	Catherine McRoberts	Morehea	d Cyrus Euge	ne Morehead
SUPPORTING	Type of Documer		By whom issued and signed		Date issued	Date Orig. Entry Child born
RECORD 3-	own child's	birth certificate	Washington Record File #	#379 !13116	1-25-60	Aug. 23, 191
	Date of Birth	Birth Place	Full Name of Mother	<u> </u>	Name of Father	1 226 6 272
Class	age 21	Idaho			***	
QUALIFYING INFORMATION						
	rque .					
REGISTRAR'S CERTIFICATION (seal)	I hereby certification registrant and foregoing abstr	that documentary evidence	ertificate has been found in ce has been reviewed, which	the Divis substantia	ion of Vital Sta tes the facts as	tistics for this set forth in the
	State Registrar	a	Evidence reviewed by			Date Filed
	ー W L	1 Janson	Nancy Richards	}		Feb. 2, 1960
Class A Record	s are those mad	e and dated before the	Registrant's fourth birthday nday but are at least 5 year	•	2 strang	

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Division of Vital Statistics

### DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De60-368

Boise, Idaho								
REGI STRANT	1. Registrant's Full Name at Birth		2. Dat		(month)	(day)	(year)	
(Person whose Birth is being registered)	Frank Parnell Farrell 3. Color or Race 4. Sex 5. Place	of Birth a. County	O1 Bir	th	11 City or Town	29 of Birth	1891	
,,	White M	Bannock			Pocate	_		
FATHER	6. Full Hame of Father		7. Sta	te o	r Country of		Birth	
	Timothy M. Farrell		Ir	:e18	and			
MOTHER	8. Full Maiden Name of Mother		9. Ste	ite o	r Country of	Mother's (	Birth	
	. Isabel Mary Markley		Virginia					
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		1	Present Add 1510 E. N Medford	lain St	treet	
MOTARY (Seal)	Subscribed and sworn to before me on		blic	13	. Notary Comm	ission ex	pires	
	April 8, 1960	for Oregon  49144   DWG		/	February	15	_ <b>19</b> <u>6 4</u>	
	APPL1 CAN	P- DO NOT WRITE BELOW THIS L. By whom issued and signed						
SUPPORTING RECORD 1-	Type of Document Certified copy of Return of Marriage Certificate	By whom issued and signed E.M. Madden, County Cl Jackson Co., Medford, O	erk.		April 6,	Date (	of Marriage e 18, 1921	
	Date of Birth Birth Place	Full Name of Mother	7 A P A P		Hame of Fath			
	Age 29 Pocatello, Idahe					_		
SUPPORTING RECORD 2-	Type of Document Application for Life Ins.	By whom issued and signed New York Life, Ins. Co.			Date issued	Nov	Fig. Entry 5, 1936	
	Date of Birth Birth Place	Full Name of Mother			Name of Fath	er		
	Nov 29, Pecatello, Idaho							
SUPPORTING RECORD 3-	Type of Document Notarized Veris Application card-Aero Club of America Cert. #745	Aero Club of America	<b>a</b> .		Date issued	Mar 2	rig. Entry 24, 1920	
	of America Cert. #745 Date of Birth Birth Place	Full Name of Mother			Name of Fath	er		
	Nov 29, 1891					<b>** 10</b>		
QUALIFYING INFORMATION	Notarized verifax copy of Vo							
	place of birth as Pocatello,	Idaho; Father T. M. I	Farre!	11;	Mother Be]	le M. F	arrell	
REGISTRAR'S CERTIFICATION	i hereby certify that no prior birth oregistrant and that documentary evider foregoing abstract.	certificate has been found in nce has been reviewed, which	the Di substan	visic tiat	on of Vital S es the facts	tatistics as set for	for this rth in the	
(seal)	State Registrar	Evidence reviewed by				Date Fil	ed	
	W. W. Benson	of Joyce B. Foltz				April	26, 1960	

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# DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF Division of Vi Boise, Idaho	HEALTH tal Statistics	JEER LE	STATE OF IDAHO		State Fi	le No. De60-516		
REGISTRANT (Person whose Birth is being registered)	EDI	4. Sex 5. Place	of Birth a. Coupty  5. GARTICIL DANNOCK	2. Date Of Birth	(month)  MAY	30 H 1891  Both 1891  Felith TOAHO		
FATHER	6. Full Hame of J	Father AMES BELL	,	7. State	or Country of Fi	Ather's Birth		
MOTHER	8. Full Maiden No.	eme of Mother	EN WATSON					
AFFIDAYIT	I hereby declare above statements best of my knowle	are true to the	10, Signature of Registrant Elna Bell Franklis	<b>L</b>	ARCHOIR			
NOTARY (Seal)	Subscribed and a	worn to before me on	12. Signature of Notary  Makel A.M. Cur		13. Notary Commis	20 1960		
SUPPORTING RECORD 1		birth certificat	24410    JEJ404	INE	Date I sewed	Date Orig. Entry child born Oct 7, 1923		
<del></del>		ocatello, Idaho	Full Name of Mother		Name of Father	,		
SUPPORTING RECORD 2-	Type of Document photocopy of marriage I Date of Birth B age 21	affidavit for License	By whom issued and signed Sarah Devaney, Bannock recorder Full Name of Mother	k County	June 8, 1960 Name of Father	July 17, 1912		
SUPPORTING RECORD 3-	Type of Document affidavit by at time of both Birth B May 30.	friend of family pirth irth Flace Pocatello, Idaho	Lila Franklin Full Name of Mother		Date issued June 1, 1960 Name of Father			
QUALIFYING INFORMATION	1891	Bannock County	Margaret Ellen Bel	<u>L</u>	Ossa James	) DETT		
REGISTRAR'S CERTIFICATION	I hereby certify registrent and t	that no prior birth o hat documentary evider	certificate has been found in the has been reviewed, which	the Divis	sion of Vital States the facts as	atistics for this s set forth in the		

5-24-60 one copy paid #02519

(seal) Evidence reviewed by State Registrar W. W. Benson

FORM BH 56067

Date Filed

Penny Patterson

June 14, 1960

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STATE BOARD OF HEALTH Division of Vital Statistics

Boise, Idaho

## DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De60-834

boise, idano								
REGI STRANT	1. Registrant's Full Hame at Birth					(month)	(day) (year)	
(Person whose Birth is being	ANNA SEI	LMA McCANN			Of Birth	July	31 _ 1891	
registered)	3. Color or Ra		Place	of Birth a.County	b	.City or Town		
1	White-Americ	1	etch	um, Blaine County, Idaho		Ketchum		
FATHER	6. Full Name o	f Father			7. State	or Country of	Father's Birth	
	John McCa	ann			County	y Antrim -	Ireland	
MOTHER	8. Full Maiden	Name of Mother			9. State	or Country of	Mother's Birth	
w	Mary McLaughlin			County Antrim -			Ireland	
AFFIDAYIT	I hereby decia	re upon oath that	the	10. Signature of Registrant	1/1 1	1. Present Add	dress of Registrent	
		ts are true to the wiedge and belief.	•	Elma Sebona Mi	din	#528 Sout	h Johnson	
warran		sworn to before		12. Signature of Notary		Pocatello	nission expires	
NOTARY (Seal)	Supectiped and	. Sworn to belote a	ie un	12. Signature of notary	· / ]*	.y. Notally com	mission expires	
	August 3	19 6	50	(Amat Am	ach .	October 1	<u>19 63</u>	
<del>.</del>		اقه	A I CAN	/0 0 0 1	/			
SUPPORTING	Type of Docume			By whom issued and signed		Date Issued	Date Orig. Entry	
RECORD 1-	certified of	copy of transc	ript	Albion State Normal Albion Ida Curtis Ch	School	Apr.17,19	Nov.19, 1947	
	Date of Birth Birth Place			Full Name of Mother	Name of Fati	her		
	1891	Ketchum, Ida	ho			John	McCann	
SUPPORTING	Type of Document Certificate of Baptism			By whom issued and signed		Date issued		
RECORD 2.				St. Joseph Roman Cath Church. N.V. Hughes, Ch	Nov.28.19	958 Aug.1.1891		
	Date of Birth Birth Place			Full Name of Mother	Name of Fat	her		
	July 31 Ketchum			Morer Malanahia	Taha Ma	John McCann		
	Type of Docume	<u>   Ketchum</u>		Mary McLaughlin  By whom issued and signed		Date issued		
SUPPORTING RECORD 3.	1			by mich isseed and eighted			child born	
NEOUND >	copy of own childs birth		Idaho #71036	Nov.17,1956 child born April 13, 19				
	Date of Birth	Birth Place		Full Name of Mother		Name of Father		
	age 27	Idaho						
QUALIFYING	<b>†</b>	<u> </u>				L		
IN FORMATION	Statement regarding hospital records at St. Alphonsus Hospital, Boise, Idaho,							
	issued in Nov. of 1958. Admitted to hospital on May 30, 1921. Age was given as							
***	29 and naar	e of hirth as	Tdpl	10.	-			
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in tiforegoing abstract.						Statistics for this as set forth in the	
(seal)				Evidence reviewed by			Date Filed	
	W W Saran							
	M with			Pen	ny L. Wi	ing	Sept. 27. 1960	

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STATE BOARD OF HEALTH Division of Vital Statistics

### DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De60-933

Oct. 25, 1960

Boise, Idaho	tal Statistics		STATE OF IDAHO		otute 11	16 100 2000 - 755		
REGI STRANT	1. Registrant's	Full Name at Birth		2. Date Of	(month)	(day) (year)		
Person whose irth is being	James	Norris Dew	·	Birth	April	22, 1891		
egistered)	3. Color or Rac	1 - 1	of Birth a.County	I .	City or Town o	f Birth		
ATHER	White	Male Father	<u> </u>		iaetta or Country of E	ather's Risth		
AIRER				7. State or Country of Father's Birth Herefordshire, England				
OTHER	8. Foll Maiden				or Country of H			
	Jane Shepherd				nd, New Zea	land		
AFFLDAVIT	above statement	e upon oath that the is are true to the ledge and belief.	10. Signature of Registrant	10	1. Present Addr	ess of Registrent		
OTARY (Seal)	Subscribed and	sworn to before me on	12. Signature of Notary		3. Notary Commi	ssion expires		
	Depiten	Mer 16 19 60	J. J. M. Jenes	file -	At ner Ma	jesty's pleasur		
UCCCCTIVE	Type of Documen	APPLI CAN	P DO NOT WRITE BELOW THIS L	INE	Date Issued	Date Orig. Entry		
SUPPORTING RECORD 1-	Census Record		By whom issued and signed U.S. Department of Commerce Bureau of the Census		Feb 16, Census of 1960 June 1, 1900			
	Date of Birth	Birth Place	Full Name of Mother		Name of Fathe	r		
	April 1891	Idaho	Jane Dew		James B.	Dew		
UPPORTING ECORD 2-	Type of Document Marriage -N	tCertificate of No. 7867A	By whom issued and signed Gov't of the Province Alberta, Canada, Donald	of Mack, Re	Date issued	Date Orig. Entry Feb. 1, 1927		
	Date of Birth	Birth Place	Full Name of Mother		Name of Fathe	r		
	age 35	Idaho, U.S.A.	Jane Shepherd		James Be	nnett Dew		
UPPORTING	Type of Documen		By whom issued and signed		Date issued	Date Orig. Entry		
ECORD 3-	affidavit by	y friend of <b>fla</b> mily birth	Frank McIntire age	82	Oct.20,19	5ф		
	Date of Birth		Full Name of Mother	, <del></del>	Name of Fathe			
	Apr.22,1891	Juliaetta, Idaho	Jane Shepherd		James Bo	ennet Dew		
UALIFYING NFORMATION								
~	-							
REGISTRAR'S CERTIFICATION (seal)	registrant and foregoing abstr	that documentary evidentact.	certificate has been found in nce has been reviewed, which	the Divisi substantiat	ion of Vital St tes the facts a	atistics for this s set forth in the		
, ,	State Registrar	A	Evidence reviewed by			Date Filed		

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Penny L. Wing

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STATE BOARD OF HEALTH Division of Vital Statistics Boise, idaho

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No De61-033

1. Registrant's Full Name at Birth 2. Date (month) REGISTRANT (day) (year) Of (Person whose Myrtle Harrop Rirth November 22 1891 Birth is being 3. Color of Race M. Sex 5. Place of Birth b. City or Town of Birth registered) a. County female white Fremont Menan 6. Full Name of Father 7. State or Country of Father's Birth FATHER Edward John Harrop Utah 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Harriet Thomas Utah ! hereby declare upon oath that the 10. Signature of Registrant 11. Present Address of Registrent AFFI DAVI T above statements are true to the 13. Nothery Commission expires 21110 best of my knowledge and belief. 12. Signature of Notary Subscribed and sworn to before me on MOTARY (Seal) Muy 24 1062 APPLICANT DO NOT WRITE BELOW THIS LINE.
By whom issued and signed Date Orig. Entry child born Type of Document Date | saued SUPPORTING RECORD 1. bwn childs birth certificate Idaho #10h36 July 23, 1922 Date of Birth Birth Place Full Name of Mother Name of Father Idaho age 30 Date Orig. Entry Type of Document By whom issued and signed Date Issued SUPPORTING RECORD 2. Insurance Policy Application Commercial Travelers Insur. Mar.12,1953 Date of Birth Birth Place Full Name of Mother Name of Father Nov.22.1891 Type of Document By whom issued and signed Date issued Date Orig. Entry SUPPORTING baptized LDS Church Frank A. Bruitow. RECORD 3-Apr.12,1908 Certificate of Baptism Aug. 31, 1907 clerk Name of Father Full Name of Mother Date of Birth Birth Place Nov.22,1891 Fremont County Menan, Idaho Harriet Thomas Edward Harron **QUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. (seal) Date Filed Evidence reviewed by State Registrar Penny L. Wing Jan. 10, 1961

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State File No.De61-179

Bois∳, idaho 1. Registrant's Full Name at Birth 2. Date (month) **REGISTRANT** (day) (year) Of 1891 10 (Person whose Frederick Leo Beggs, Mav Birth Birth is being 3. Color or Race 4. Sex 5. Place of Birth a.County Rathdrum, Idaho U S A registered) Kootenai male Rathdrum. White 6. Full Name of Father 7. State or Country of Father's Birth FATHER Sidney Stewart Beggs, not known 2. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Maine USA Edna Trelin Beddy I bereby declare upon oath that the 10. Signature of Registrant 11. Present Address of Registrent AFFI DAVI I above statements are true to the 334 Baker St., Nelson, B.C. best of my knowledge and belief. 13. Notary Commission expires Subscribed and sworn to before me di 12. Signature of Rotary NOTARY (Seal) APPLICANT DO NOT WESTERNOW THIS LINE. Date Orig. Entry Type of Document Date | saued SUPPORTING U. S. Navy, L. A. Cogya, RECORD 1. Mar.17,1919 Enlistment Record Ensign Date of Birth Birth Place Full-Name of Mother Name of Father May 10.1891 Raithdrum, Idaho Date Issued Date Orig. Entry Type of Document By whom issued and signed SUPPORTING Application for Lodge member Knights of Pythias, #22 RECORD 2. Dec.15.1960 Mar.11,1929 Date of Birth Birth Place Full Name of Mother Name of Father May 10.1891 Rathdrum, Idaho Type of Document By whom issued and signed Data issued Date Orig. Entry SUPPORTING RECORD 3-Insurance policey application Business Men's Assurance Co. Date of Birth Flace Full Name of Mother May 25, 1926 Name of Father May 10.1891 Rathdrum, Idaho **QUALIFYING** INFORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the CERTIFICATION foregoing abstract. ( ! ! ) Date Filed Evidence reviewed by State Registrat Penny L. Wing Feb. 24, 1961 DW

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Boise, Idaho

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#### DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 527

REGI STRANT	1. Registrant's Fu	Il Name at Birth		2. Date	(month)	(day) (year)		
(Person whose	James Alex	ander Pack.	Ir	Of Birth	12 2	0 1891		
Birth is being registered)	3. Color or Race	4. Sex 5. Place	of Birth a. County	-	b.City or Town o			
_	White	M Idal	no Owyhee		DeLamar			
FATHER	6. Full Name of Fa				or Country of F			
	1	kander Pack			Louis, Mis			
MOTHER	8, Full Maiden Name of Mother				9. State or Country of Mother's Birth			
	Lydia No <b>y</b> e		Chshing, P Q					
AFFI DAYI T	I hereby declare u above statements a best of my knowled	re true to the	10. Signature of Registrant			ess of Registrant d Grants Pass		
NOTARY (Seal)			12. Signature of Hotery	Г		ssion expires Orego		
MO (ART (Seal)	· م		Krene Harne	ur	-			
	Mayo	25 196/	9			9- VO 10 6V		
		APPLICANT	DO NOT WRITE BELOW THIS L	INE				
SUPPORTING RECORD 1-	Type of Document		By whom issued and signed		Date issued	Child born		
	own childs birth certificate		Idaho #59619			<u>June 1,1918</u>		
	Date of Birth Birth Place		Full Name of Mother		Name of Father			
	age 26 D	elamar, Idaho	Contraction of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of	ة <u>ساري محمد به</u> مه مبري	وروند من الادران در مستونور بي <sub>الد</sub> د ما <sub>ال</sub> داييد. ورويد هما	o transis paga artini in in ing <u>ina pagabahan 1997, in ingina pagabah</u>		
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RECORD 2-	Census Recor		Bureau of The Census		May 9.196	June 1.1900		
	Date of Birth Birth Place		Full Name of Hother		Name of Father			
	Dec. 1891 Idaho		Teedin N. Deele		*			
SUPPORTING	Type of Document	uano	Lydia N. Pack By whom issued and signed		Date issued	Pack   Date Orig. Entry		
RECORD 3-								
	Date of Birth Birth Place		Full Name of Mother		Name of Father			
QUALIFYING								
REGISTRAR'S CERTIFICATION	I hereby certify the registrant and that foregoing abstract.	t documentary eviden	ertificate has been found in ce has been reviewed, which	the Divid Bubstantid	sion of Vital St ates the facts a	atistics for this s set forth in the		
(seal)	State Registrar		Evidence reviewed by			Date Filed		
	W. W. Besno	on	ow W. W. Benson			June 21, 1961		
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STATE BOARD OF HEALTH Division of vital Statistics

# DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-540

Boise, Idaho 1. Registrent's Full Name at Birth 2. Date **REGISTRANT** (month) (day) (year) ٥f (Person whose Minetta Pearl Toone October 1891 Birth Birth is being 3. Color or Race 4. Sex 5. Place of Birth b.City or Town of Birth registered) a. County White Female Bannock Thatcher, Gentile Valley, Idaho 6. Full Name of Father 7. State or Country of Father's Birth FATHER John Prosser Toone IItah 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Amy Lovica Johnstun IItah I hereby declare upon oath that the 11. Present Address of Registrent 10. Signature of Registrant **AFFIDAVIT** above statements are true to the minetta lear Tohnson c/10, Idaho Falls, Idaho best of my knowledge and belief. 13. Notach Apparation expires Subscribed and sworn to before me on 12. Silgnature of Notary HOTARY (Seal) IDAHO FALLS, IDAHO MY COMM. EXPS. 9-1-48 1961 19 APPLICANT ON NOT WRITE BELOW THIS LINE. child born Type of Document Date | saued SUPPORTING RECORD 1. #125849 in Idaho own childs birth certificate July 7,1945 Sept.15,1924 Date of Birth Birth Place Full Name of Mother Name of Father age 32 Gentile Valley Date Orig. Entry baptized By whom issued and signed Date issued Type of Document SUPPORTING RECORD 2. statement regarding church IDS Church. Idaho Falls lith May 25,1961 Oct.4,1899 records Ward Bishop Virl N. Jardine Date of Birth Birth Place Idaho Hame of Father Full Name of Mother Oct.3.1891 Gentile Valley Amy Lovica Johnstun John P. Toone By whom issued and signed Date Orig. Entry Date issued Type of Document SUPPORTING RECORD 3. Bonneville County, Idaho. May. 3,1961 Feb. 4,1914 Marriage License Affidavit Harry Moore, clerk & recorder Hame of Father Date of Birth Birth Place Full Name of Mother age 22 **QUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal) Date Filed State Registser Evidence reviewed by Penny L. Wing June 27. 1961

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STATE BOARD OF MEALTH Division of vital Statistics Boise, Idaho

#### DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-009

REGI STRANT	_	Registrent's Full Name at Birth 2. Dat					(month)	(day)	Ueac 1891
(Person whose Birth is being	Mary Eliza		3			Of Birth	March		1881
registered)	3. Color or Race White	Female	5. Place Idah		Bannock	b (	city or Town of Chesterfiel	f Birth	
FATHER	6. Full Name of Father					7. State o	r Country of F	ather's [	irth
	John T.						tyafil G		
MOTHER	8. Full Maiden Na Sarah Les					9. State or Country of Mother: Birth England Mattingham.			
AFFIDAVIT	l hereby declare above statements best of my knowle	are true to	the	marueli	nof Registrant		. Present Addr Springvil		
NOTARY (Seal)	Subscribed and sw	orn to before	e me on	12. 3 gaature	of Notary		. Notary Commi	ssion exp	ires
				M. N 2 annone			October 26 19 64		
	Torra of Boomson		APPLICANT	P- DO NOT WR	TE BELOW THIS I	LINE	TRata tangar	IN-A- A-	
SUPPORTING RECORD 1-	Type of Document			LDS Chur	od and signed Ch.		Date   saued	Date Of	rig. Entry
	Patriarchal B			Peter Nie	lsen Patri	arch	Mar.4,1956		4,1956
	Date of Birth Bi	rth Place Re	nnock	Full Name of	Mother		Name of Fathe	F	-
	Mar.11.1891			Sarah	Lester	-	John T.	Jones	
SUPPORTING	Type of Document	01100 001 1 11		By whom is a	ety of Daugh		Date issued	Date O	rig. Entry
RECORD 2.	Application f	or members	ship	the Utah	rty of Daugr Pioneers,K.	R.Carter	Jan. 15.195	I Jan	15.1951
	Date of Birth Bi		<u>F</u>	Full Name of		10.0a1 001	Name of Fathe		1791771
	M 77 7907				<b>-</b> .			_	
			<del></del>		Lester		John T.	Jones.	ria Enter
SUPPORTING RECORD 3-	Type of Document Certified co	py of own			Vtah Bureau	of Vital		Child	rig. Entry born
	child's birt	h certific	ate	Stat	istics	· O1 V1001	1941		24 <b>,</b> 19 <b>31</b>
	1 1 1	rth Place Chesterfie	.7.4	Full Name of	•••		Name of Fathe	r	
	Age: 39	Idaho	وعلدة						
QUALIFYING INFORMATION		ragno		<u> </u>					
				,					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify registrant and th foregoing abstrac	at documental	r birth o	certificate ha nce has been r	s been found in eviewed, which	n the Divisi substantiat	on of Vital St es the facts a	atistics s set for	for this th in the
(504)	State Registrar			Evidence reviewed by			Date Fil	ed	
	W. W.	Benson		DW -	Shirley !	Miller		Jan.	5, 1962

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STATE BOARD OF HEALTH

Division of Vital Statistics

### DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De-62-296

29163

Boise, Idaho								
REGI STRANT	1. Registrant'	s Full Name at Birth	Q0 ST	2. Date	(month)	(day) (year)		
(Person whose	Cana	li. a	Marginia	Of Birth	Selt	12 1891		
Birth is being registered)	3. Color or Re		of Birth a. County		.City or Town o			
	White	Fema le	<b>Sonneville</b>		oltman			
FATHER	6- Full Name o	of Father Olyand	Jan Ineitina	7. State	or Country of i	Sername  Sermann		
MOTHER	8. Full Maiden	Name of Mother	ance indian	9. State	or Country of M	lother's Bigth		
	1	anna M	andlera Osumla	<i>A</i> .	~77.0	same		
AFFIDAVIT	above statemen	are upon oath that the cits are true to the wiedge and belief.	10. Signature of Registrant	miller	11. Present Add	ess of Registrante- - 12. No. Ida		
NOTARY (Sea!)		sworn to before me on	12. Signature of Notary a	jaco	13. Hotary Commi			
NO IANI		11/4 19/2	Christia S. X	reer	1/	ing 26 1966		
	<del>!</del>		NT- DO NOT WRITE BELOW THIS I By whom issued and signed	INE				
SUPPORTING RECORD 1-	affidavit of birth	mt by neighbor at ti Age: 82	me Pleasant Warren Dal	pell	Mar. 1, 1962	Date Orig. Entry		
	Date of Birth Sept. 12, Colliman, Idaho		Full Name of Mother Anna Magdlena Oswald			Name of Father Abraham Gneiting		
	1891		e e		Abranam (			
SUPPORTING RECORD 2.	Buplicate of Baptism	copy of Certifica	te Harold Ball, Bishop, Church, Salt Lake Cit	, LDS	Jan. 13,	Date Orig. Entry baptized Sept. 3. 1889		
	Date of Birth	Birth Place	Full Name of Mother	القال ولاد	Name of Fathe			
	Sept. 12, 1891	Coltman, Idaho	Annie Oswald	Annie Oswald		Abraham <b>G</b> neiting		
SUPPORTING RECORD 3-	Own child	nt s birth certifica	By whom issued and signed File No. 11497, Idaho		Date issued	child horn AFeb. 9, 1913		
	Date of Birth Birth Place Age: 21 Idaho		Full Name of Mother		Name of Father			
QUALIFYING INFORMATION		<u> </u>						
REGISTRAR'S CERTIFICATION	I hereby certi- registrant and foregoing abst	i that documentary evid	certificate has been found in ence has been reviewed, which	the Divis	sion of Vital States the facts a	atistics for this as set forth in the		
(seal)	State Registra		Evidence reviewed by			Date Filed		
		W. W. Benson	Sm Shirley Miller	•		April 9, 1962		

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STATE BOARD OF HEALTH

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De62-889

Date Filed

Dec 6, 1962

Boise, Idaho 1. Registrant's Full Name at Birth REGISTRANT 2. Date (month) (day) (year) Of (Person whose 1891 Albert Oscar Swanberg Birth November 28 Birth is being 3. Color or Race 4. Sex 5. Place of Birth a. County b.City or Town of Birth registered) Tdaho Male Latah Trov White 6. Full Name of Father 7. State or Country of Father's Birth FATHER Sweden Erick Swanberg 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER margaret Stohl Sweden I hereby declare upon oath that the 11. Present Address of Registrent 10. Signature of Registrant **AFFIDAVIT** above statements are true to the Troy Idaho. best of my knowledge and belief. 13. Notary Commission expires Subscribed and sworn to before me on 12. Signature of Notary NOTARY (Seal) Notary Public for Idaho Residing at Lewiston Therein. My Commission Expire 1976b. 1. 1965. July 9 19 62 APPLICANT -- DO NOT WRITE BELOW THIS LINE By whom issued and signed Date | saued Date Orig. Entry Type of Document SUPPORTING affidavit by neighbor at time RECORD 1. Gertie Swanberg, Olson May 29,1962 --of birth Age: 83 Nov. 28.1891 Right County Troy, Idaho Full Name of Mother Name of Father Erick Swanberg Margaret Stohl Swanberg By whom issued and signed U. S. Bureau of the Cansus Date issued Date Orig. Entry Type of Document SUPPORTING RECORD 2. Census Record Oct. 17.1962 June 1. 1900 Washington, D. C. Full Name of Mother Name of Father Date of Birth Birth Place Erik Swanberg Idaho Margret Swanberg Age: By whom issued and signed Date issued Date Orig. Entry Type of Document SUPPORTING #214844 RECORD 3. U. S. Army enlisted Honorable Discharge Dec 15. 1917 Name of Father Date of Birth Birth Place Full Name of Mother age 26 1/12 Troy, Idaho **QUALIFYING** IN FORMATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the **CERTIFICATION** foregoing abstract. (seal)

Evidence reviewed by

Joyce B. Foltz

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State Registrar

W. W. Benson

#### DELAYED CERTIFICATE OF RIRTH Ton the state of the state of State of their Art 2 to come The property loss and TOPE -- ATT tredition of the state of T Brief of Lead In Co. disid to book to a ITMER TO THOU TO VALLE. T. Cconts TOTAL TRANSPORT 7. 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FORK ME SCOOT

STATE BOARD OF HEALTH Division of Vital Statistics Boise, Idaho

#### DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-561

poise, idano		· · · · · · · · · · · · · · · · · · ·							
REGI STRANT	1. Registrant'	s Full Name at Birth		2. Date	(month)	(day)	(year)		
(Person whose	Margaret	Lucile Powers	Of Birth	May	10	1891			
Birth is being registered)	3. Color or Race 4. Sex 5. Place of Birth a. County Blaine				b.City or Town of Birth Hailey				
FATHER	6. Full Name o	f Father		7. State	or Country of	Father's Bi	rth		
	Clayton	William Powers		Louisville, New York					
HOTHER	8. Full Maiden	Name of Mother		9. State or Country of Mother's			rth		
	Margaret Elizabeth Marnes			Chazy, New York (Clinton Co.)					
AFFLDAVI T	above statemen	re upon oath that the ts are true to the wledge and belief.	10. Signature of Registrant	· · · · ·	11. Present Add				
NOTARY (Seal)		sworn to before me on	12. Signature of Notary		Los Angel	es o, ca ission expi	res		
HO (AR)	July		Ten Fleeslen	S. Suringe luky 21					
		APPLI CAN	T- DO NOT WRITE BELOW THIS L	INE					
SUPPORTING RECORD 1-	Type of Document	e Policy	By whom issued and signed Thidependence Life and Insurance Company	Date issued	li i	g. Entry 3, 1946			
	Date of Birth Birth Place		Full Name of Mother	Name of Father					
	May 10,1891					<b>=</b> 1 0+0			
SUPPORTING RECORD 2-	Type of Document School Census Record Minneapolis Public Schools		By whom issued and signed Mrs. Barbara J. Strand, Census Clerk		Date issued	Date Ori	g. Entry		
	Date of Birth Birth Place		Full Name of Mother		Name of Father				
	1891	Hailey, Idaho	Margaret M. Pov	ær					
SUPPORTING	Type of Docume	nt	By whom issued and signed Clayton William Powers		Date issued	Date Ori	g. Entry		
RECORD 3.	Affidavit b	y father			March 3, 1943		3		
	Date of Birth Birth Place		Full Name of Mother	Name of Fathe	Name of Father				
	May 10,1891	Hailey, Idaho	Margaret Elizabeth Marnes Clayton W			Villiam Powers			
QUALIFYING INFORMATION									
REGISTRAR'S CERTIFICATION (seal)	i hereby certi registrant and foregoing abst	that documentary evide	certificate has been found in ence has been reviewed, which	the Divis	sion of Vital S ates the facts	AS SET TOFT	n in the		
(sea.)	State Registra		Evidence reviewed by			Date File	d		
	h) wi	Senson	Shirley Miller			August	8, 1963		

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STATE BOARD OF HEALTH

Division of vital Statistics

## DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 65-262

Boise, Idaho 1. Registrant's Full Name at Birth REGI STRANT 2. Date (month) (day) (year) 0f (Person whose Ila Vera Poulton 1891 Birth Birth is being 3. Color or Race 4. Sex 5. Place of Birth registered) a. County b.City or Town of Birth Oakley White Cassia Oaklev 6. Full Name of Father FATHER 7. State or Country of Father's Birth Edward Eli Poulton Utah - U.S.A. 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth MOTHER Alice Ann Worthington Utah - U.S.A. I hereby declare upon oath that the **AFFIDAVIT** 10. Signature of Registrant 11. Present Address of Registrant above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on 13. Notary Commission expires HOTARY (Seal) 12. Signature of Notary 19 65 April 13 19 65 May 12 APPLICANT - DO NOT WRITE BELOW THIS CIVE photocopy of application for Date Orig. Entry SUPPORTING Date | seued Pacific National Life Assur-RECORD 1-May 24. 1944 insurance policy ance Company Date of Birth Birth Place Sept.2, 1891 Oakley, Idaho Full Name of Mother Name of Father By whom issued and signed SUPPORTING Type of Document Date issued Date Orig. Entry photocopy of Certificate of RECORD 2. IDS Church blessed Membership Oct.4.1891 Date of Birth Birth Place Full Name of Mother Name of Father Sept.2,1891 | Oakley, Cassia Alice A. Worthington Edward E. Poulton County, Idaho Type of Document
Affidavit by friend of family Thomas E. Dayley, Age 89 SUPPORTING Date issued Date Orig. Entry RECORD 3-Apr.12.1965 at time of birth Date of Birth Birth Place Full Name of Mother Name of Father Sept.2.1891 Oakley, Idaho Alice Ann Worthington Edward Eli Poulton **OUALIFYING** IN FORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this REGISTRAR'S **CERTIFICATION** registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. (seal) State Registrar

Evidence reviewed by Glenda Larson

April 22, 1965 4.20-65

Date Filed

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